Weill Cornell Medicine

Auditory Processing Evaluation: Case History Form

**Please complete this form in its entirety and send all pertinent reports/information (ex: copy of speech/language evaluation, psychological evaluation, educational evaluation, child's IEP, etc.) for review prior to your appointment.*

General Information:

Patient's Name: _____Date of Birth: _____Date of Evaluation: _____

Address:_____City:_____ State:_____Zip Code:_____

Age:_____ Grade: _____ Primary Language(s):_____Form Completed By:_____

Parent/Guardian Name(s): _____Telephone #: _____

Email(s): _____Pediatrician: _____Referral Source: _____

Primary Concern/Reason for Referral:_____

_____

Final Report to Be Sent To (Name/Email):_____

Otologic History: *(Ear problems include: ear infections, earaches, ear fluid, hole in ear drum, etc.)*

1. Does your child have a history of ear problems? ☐ Yes ☐ No
   If yes, when? _____ What type of ear problem? _____ Medication/Treatment? _____

2. Does your child have any of the following?
   Frequent runny nose? ☐ Yes ☐ No
   Frequent colds or sinus infections? ☐ Yes ☐ No
   Allergies? ☐ Yes ☐ No
   Ringing or buzzing in the ear(s)? ☐ Yes ☐ No
   Dizziness? ☐ Yes ☐ No
   Documented hearing loss? ☐ Yes ☐ No
   Draining ears? ☐ Yes ☐ No
   Ear tubes? ☐ Yes ☐ No

3. Family history of hearing loss/ear problems? ☐ Yes ☐ No
   If yes, who? (Parent, sibling, cousin, etc.)_____ What type of ear problem? _____

4. Has your child ever been seen by an Ear, Nose, & Throat (ENT) doctor? ☐ Yes ☐ No
   If yes, which doctor? _____When? _____

5. Has your child ever had ENT surgery (ear tubes, adenoidectomy, tonsillectomy, etc.)? ☐ Yes ☐ No
   If yes, please describe: _____

6. Do you think your child has difficulty hearing? ☐ Yes ☐ No
   If yes, please describe: _____

7. Has your child previously had his/her hearing tested by an audiologist? ☐ Yes ☐ No
   If yes, by who? _____When? _____Results? _____

8. Has your child ever used amplification/hearing aids or an FM system? ☐ Yes ☐ No
   If yes, please explain:_____

Developmental/Medical History:

1. Was your child born full term? ☐ Yes ☐ No
   If no, what was the length of the pregnancy? _____

2. Any complications before, during, or after your child's birth? ☐ Yes ☐ No
   If yes, please describe:_____

3. Was your child in the NICU (Neonatal Intensive Care Unit) following birth? ☐ Yes ☐ No
   If yes, please explain (including length of stay):_____

4. Did your child pass the Universal Newborn Hearing Screening (UNHS)? ☐ Yes ☐ No

5. Were there any delays in your child's development? ☐ Yes ☐ No
   If yes, please explain: _____

6. Has your child had any serious illnesses, accidents, or surgeries? ☐ Yes ☐ No
   If yes, please describe: _____

7. Has your child had any previous tests/evaluations *(speech/language evaluation, educational evaluation, psychological evaluation, etc.)*? ☐ Yes ☐ No
   If yes, please list: _____

8. Does your child have any diagnoses *(ADD/ADHD, Speech/Language Disorder, etc.)*? ☐ Yes ☐ No
   If yes, please list and include date of diagnosis and the professional who made the diagnosis: _____
   _____

9. Does your child participate in any special class(es) or therapies outside of school? ☐ Yes ☐ No
   If yes, describe: _____How many times per week? _____

10. Does your child take any medications? ☐ Yes ☐ No
    If yes, please list: _____

11. Does your child have sibling(s)? ☐ Yes ☐ No
    If yes, please list and include age(s): _____

12. Is there a family history of learning problem(s)? ☐ Yes ☐ No
    If yes, please explain: _____

Educational Information:

1. Has your child ever repeated a grade? ☐ Yes ☐ No
   If yes, which grade and why?: _____

2. Where does your child currently attend school? _____

3. What is your child's current grade level? _____Child's IQ? _____

4. Classroom type *(ex: general education, ICT)*: _____

5. Number of students in classroom: _____Number of teachers in classroom: _____

6. Teacher(s) names: _____

7. Does your child like school? ☐ Yes ☐ No

8. Does your child have an Individualized Education Plan (IEP) or 504 Plan? ☐ Yes ☐ No
   If yes, please send a copy and list what services are mandated: _____
   _____

9. Has your child's teacher expressed concern with your child's auditory processing? ☐ Yes ☐ No
   If yes, please explain: _____

10. Child's school performance is: ☐ Excellent ☐ Above Average ☐ Average ☐ Below Average ☐ Poor

11. Does your child have difficulty with any subjects at school? ☐ Yes ☐ No
    If yes, please list: _____

12. What are your child's best/favorite subjects in school? _____

13. Does your child participate in any special class(es) or therapies in school? ☐ Yes ☐ No
    If yes, describe: _____How many times per week? _____

14. Does your child have/had a tutor? ☐ Yes ☐ No
    If yes, please describe/which subjects: _____

15. Child's vocabulary is: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Behaviors & Characteristics: *Indicate (checkmark) if your child exhibits any of the following behaviors or characteristics:*

- ☐ Sensitive to loud sounds
- ☐ Appears to be confused in noisy places
- ☐ Easily upset by new situations
- ☐ Difficulty following and/or understanding TV programs
- ☐ Difficulty following directions
- ☐ Does opposite of what is requested
- ☐ Restless; problems sitting still
- ☐ Overly active
- ☐ Short attention span
- ☐ Impulsive
- ☐ Easily distracted
- ☐ Daydreams
- ☐ Forgetful
- ☐ Asks for repetition
- ☐ Reverses words, numbers, or letters
- ☐ Prefers to play with older children
- ☐ Prefers to play with younger children
- ☐ Prefers solitary activities
- ☐ Seeks attention
- ☐ Disruptive or rowdy
- ☐ Temper tantrums
- ☐ Shy
- ☐ Anxiety
- ☐ Lacks self-confidence
- ☐ Lacks motivation
- ☐ Uncooperative
- ☐ Disobedient
- ☐ Destructive
- ☐ Inappropriate social behavior
- ☐ Does not complete assignments
- ☐ Easily frustrated

- ☐ Tires easily
- ☐ Irritable
- ☐ Dislikes school
- ☐ Fakes illnesses
- ☐ Awkward, clumsy
- ☐ Other: _____

Additional Questions:

1. What is your child's preferred hand? ☐ Right ☐ Left
2. How is your child's coordination? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
3. Does your child enjoy music? ☐ Yes ☐ No
4. Can your child carry a melody? ☐ Yes ☐ No
5. Does your child play any instrument(s)? ☐ Yes ☐ No
   If yes, which instrument(s):_____
6. Does your child play any sports? ☐ Yes ☐ No
   If yes, which sport(s):_____
7. What does your child enjoy doing outside of school? _____
8. Is your child social with other children? ☐ Yes ☐ No
9. How would you describe your child's nature/personality? _____
10. Any additional information that may aid us in our evaluation? _____
    _____
11. Would you like the case history/preliminary findings discussed in front of your child? ☐ Yes ☐ No

**Results will not be available immediately following the evaluation as all findings need to be analyzed. A full report including all results and recommendations will be available within 3 weeks of test completion.*