



STAR Preschool
Department of Hearing and Speech Sciences
University of Maryland
College Park, Maryland 20742
(301) 405-4218
(301) 314-2023 FAX



Thank you for your interest in the Speech Therapy and Aural Rehabilitation (STAR) Preschool in the Department of Hearing and Speech Sciences at the University of Maryland. **Please complete this case history form and return it to the clinic office along with any diagnostic reports, therapeutic reports and Individualized Education Plans (IEP) you have concerning your child.** These may include reports from an audiologist, speech-language pathologist, a psychologist, an occupational therapist/physical therapist, a special educator, and the like.

CASE HISTORY

ROUTINE INFORMATION

Name of your child _____ Birthdate _____ Age _____ Male/Female

Name of parents _____

Address _____

Home Phone Number _____ Mother's work/cell # _____ Father's work/cell # _____

Email Address _____

Name of person completing this form _____

Relationship _____ Phone number if different from above _____

Health Insurance _____

Name of Policy Holder _____ Policy Number _____

Emergency Contact (other than parent) _____ Phone _____

Race of the Child*

0 = Not reported

1 = American Indian/Alaska Native

2 = Black/African American

3 = Asian/Pacific Islander

4 = Hispanic

5 = White/Caucasian

*This information is requested because of the University is a public teaching institution and will be used solely for the purpose of describing caseload diversity. Your response will not affect consideration of your child's application.

Why are you interested in having your child attend this program? _____

AUDIOLOGICAL HISTORY

Has your child had a history of ear infections from birth to 2 years of age in conjunction with the identification of sensorineural hearing loss? _____
If so, how many infections have occurred or are they still occurring? _____
How have they been treated? _____

Describe the severity of your child's hearing loss _____

At what age was your child diagnosed with hearing loss? _____ Where? _____

How long has your child used amplification? _____

What is the make and model of the amplification system (cochlear implant or hearing aid(s)) that your child is currently using? _____

When was the last audiological and cochlear implant/hearing aid assessment that your child received? _____

(Please submit a copy of these assessments with the application)

Has your child received or is your child receiving aural rehabilitation? _____

If yes, explain where and how long the services were/have been provided. _____

PRESENT SPEECH AND LANGUAGE STATUS

Does your child understand what you say to her/him? Y/N If not, describe her/his reactions to what you say: _____

Does your child have trouble understanding other people? Y/N Give examples or explain. _____

Do you know why your child does not understand? Y/N Explain _____

Does your child respond consistently to sounds in the home (doorbell, phone, dog barking, etc.)? Y/N Explain: _____

Does your child attempt to talk? Y/N Is the child's speech understood by parents? Y/N Siblings? Y/N Strangers? Y/N

What is your child's behavior when her/his speech is not understood? _____

When you do not understand your child's speech, what does she/he do to express herself/himself? _____

What does your child do to express himself when her/his speech is not understood? _____

If your child does talk, does she/he say as much as most children her/his age? Y/N
Give an example of a sentence your child might say: _____

Does your child speak (pronounce sounds) as well as most children her/his age? Y/N
List the sounds or words that your child pronounces incorrectly. _____

Does your child have trouble pronouncing specific words? Y/N List examples below:

Select one skill in each column that best describes your child:

- | | |
|--|-----------------------------------|
| _____ responds to only loud sounds | _____ makes no vocal sounds |
| _____ responds only to sounds in the home | _____ babbles only |
| _____ understands single words | _____ says single words |
| _____ understands simple sentences | _____ speaks in simple sentences |
| _____ understands complex directions and sentences | _____ uses only complex sentences |
| | _____ uses only gestures |

Does your child hesitate and/or repeat sounds or words? How often does it happen? _____

When did you first notice this behavior? _____

Describe any struggle behaviors that accompany the hesitations/repetitions: _____

What, if anything, have you done about it? _____

Is your child's voice too high-pitched? Y/N too low-pitched? Y/N too weak or quiet? _____

Is your child's voice quality unusual? Y/N If yes, describe: _____

Is your child's speech too fast? Y/N too slow? Y/N

Are there any physical causes for any of the above answers? Y/N If yes, please explain. _____

DEVELOPMENTAL HISTORY

A. Birth History

Mother's condition during pregnancy? _____

Circle those that describe your child's delivery:

Normal Prolonged Premature Caesarian Instruments Used

Full Term Y/N If premature, how many weeks gestation?

Birth Weight? _____ Any evidence of injury at birth? Y/N

If yes, please describe: _____

Indications of weakness or poor health at birth? Y/N

If yes, explain. _____

Did your child have difficulty breathing at birth? Y/N

If yes, explain. _____

B. Growth

During infancy, did your child demonstrate any feeding or swallowing problems? Y/N

If yes, please describe. _____

At what age did your child start feeding herself/himself? _____

Has your child increased in height and weight normally? Y/N If not, please describe. _____

Age of teething: _____ Present weight: _____

Has your child increased in height normally? Y/N

C. Motor

Age of sitting up _____ Age of crawling _____ Age of walking _____

Does your child seem to have normal coordination for his/her age? Y/N If not, please describe. _____

Which hand does your child use most frequently? Right or Left

D. Speech Development

Did your child babble and coo during the first ten months? Y/N

At what age did your child use single words meaningfully? _____

At what age did she/he use short sentences meaningfully? _____

E. Social Development

Does your child have opportunities to play with other children? Y/N

What ages? _____ How many? _____

Does your child like to play with other children or would your child prefer to play alone? _____

Dressing himself/herself? _____ Become toilet-trained? _____

Does your child present any special behavior problems? Y/N If yes, please describe. _____

Circle all of the following which describe your child:

- | | | |
|-----------|--------------|------------------|
| Friendly | Unresponsive | Temper Outbursts |
| Happy | Quiet | Shy |
| Stubborn | Aggressive | Tense |
| Sensitive | Cooperative | Talkative |

Has your child been diagnosed with any developmental disorder? Y/N If yes, please explain. _____

MEDICAL HISTORY

List any diseases, age, severity and their effects:

Disease _____ Age _____ Severity _____ Effects _____

List any serious injuries, age, severity and effects:

Injury _____ Age _____ Severity _____ Effects _____

Has your child ever sustained injury to his/her head?

Injury _____ Age _____ Severity _____ Effects _____

List any operations, age, severity and effects:

Operation _____ Age _____ Severity _____ Effects _____

Name and address of child's present physician:

Does your child have any allergies or dietary restrictions? Y/N If so, please explain:

Is your child presently on any medications? Y/N If so, please list the medication(s) and the reason(s) for taking :

SPEECH AND LANGUAGE HISTORY

Has your child ever received an evaluation or therapy for speech/language/aural rehabilitation?
Y/N

If so, please supply the following information regarding evaluations or therapy. Also, please attach to this form any copies of reports that you have.

Name & Address
Service(s) Received

Dates and Frequency of Visits

1. _____

2. _____

3. _____

4. _____

DAY CARE & EDUCATIONAL HISTORY

Please complete all of the following that apply:

Name and Address

Age Entered

Service(s) Received

Day Care: _____

Preschool: _____

Other: _____

Does your child have an active Individualized Education Plan (IEP) If so, what school system is implementing the IEP?

Please provide more details about the program that is implementing the IEP. For example, is the program an oral, total communication, or sign language based program.

Has your child exhibited any significant behavior difficulties at any time in group activities? Y/N If so, please explain.

In what recreational activities does your child participate?

ENVIRONMENTAL HISTORY

Family

Father's Name: _____ Age _____

Place of birth _____ Occupation _____

Education completed _____ 8th _____ High School _____ College _____ Other _____

Mother's Name _____ Age _____

Place of Birth _____ Occupation _____

Education completed _____ 8th _____ High School _____ College _____ Other _____

Names and ages of brothers and sisters

Others in the household

Describe any family history of speech/language or hearing difficulties (e.g., learning disabilities, stuttering, articulation impairment, hearing loss, etc.)

List any languages other than English that are spoken in your child's home or everyday environment.

Please attach a recent photograph of your child. Since this photograph will not be returned to you, you need not send an expensive one. A snapshot will serve the purpose.