

STAR
Speech Therapy and Aural Rehabilitation
Department of Hearing and Speech Sciences
University of Maryland
College Park, Maryland 20742
(301) 405-4218

Thank you for your interest in the Speech Therapy and Aural Rehabilitation (STAR) 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

3 = Asian/Pacific Islander

1 = American Indian/Alaska Native

4 = Hispanic

2 = Black/African American

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: _____

Does your child have trouble understanding other people's speech? Y/N Give examples or 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 reaction when her/his speech is not understood? _____

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

Does your child say as much as most children of the same age? _____ Give an example of a sentence your child might say: _____

Does your child pronounce words well? Y/N List the sounds or words that your child pronounces incorrectly. _____

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

- _____ responds to only loud sounds
- _____ responds only to sounds in the home
- _____ understands single words
- _____ understands simple sentences
- _____ understands complex directions and sentences

- _____ makes no vocal sounds
- _____ babbles only
- _____ says single words
- _____ speaks in simple 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. _____
