

Northern Illinois University
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Auditory Processing Case History Form

We are pleased that you have chosen to have your child evaluated at Northern Illinois University's Speech-Language-Hearing Clinic. Listening, language, literacy, learning and attention are tightly intertwined components. In order to plan the best evaluation approach and to most accurately interpret the results of the evaluation, we ask that the following be provided *prior to the appointment being scheduled*:

- History (attached)**
- Baseline evaluation of intellectual function (may be completed through a school or private psychologist)**
- Baseline evaluation of speech-language function (may be completed through a school or private speech-language pathologist)**
- Copy of the most recent IEP/504 Plan (if one is in place)**
- TWO non-parent assessments of auditory function (teachers, or a teacher and another engaged adult able to compare the child's abilities to those of age peers) (attached)**

Please return these documents to the clinic as soon as possible so that they may be reviewed by our team. We will determine the most appropriate evaluation approach given your child's abilities and needs, and contact you for scheduling.

On the day of initial testing, please plan to have someone with the child who is able to answer detailed history questions. Ensure that the child is well-rested and has eaten a good breakfast; you are allowed to bring along a bottle of water and a snack for the child. It is recommended that you arrange child care for any siblings, as the testing is typically scheduled for 2-3 hours.

Please contact the evaluation team with any questions regarding the evaluation process in general or your child's case in particular.

Danica Billingsly, Au.D. CCC-A
Assistant Clinical Professor
Audiology

Mariah Cheyney, Au.D., CCC-A
Assistant Clinical Professor
Audiology

Name of Person Answering History:

Relationship to Child:

Child's Name:

Birthdate:

Age:

Primary Home Address:

Primary Phone:

Parent/Guardian's Name/Relationship:

Age:

Education:

Occupation:

Parent/Guardian's Name/Relationship:

Age:

Education:

Occupation:

Other persons in the home:

Name/Relationship

Age:

Sex/Gender:

Any Problems?

Does anyone in the family (parents, siblings, aunts, uncles, grandparents etc.) have a problem similar to the child's? YES NO If yes, please describe... include diagnoses/suspicion of dyslexia, AD(H)D etc.

What languages are spoken in the family?

Referring Physician:

Other professionals involved in child's care:

Please describe the child's speech / language / auditory problem in detail:

When was the problem first noticed?

What has been done about it already (diagnostically, at home, and at school)?

What specific questions would you like to have answered?

SPEECH-LANGUAGE DEVELOPMENT

When did the child first speak a recognizable word? _____

When did the child begin to use two-word sentences? _____

How well can the child be understood by parents / close caregivers or relatives? _____

How well can the child be understood by strangers? _____

How well can the child be understood by brothers/sisters? _____

How well can the child be understood by playmates? _____

AUDITORY BEHAVIORS

How does the child follow directions at home? _____

How does the child converse at home? _____

How does noise affect the child's behavior/abilities? _____

SOCIAL & EXECUTIVE FUNCTION

How does the child handle friendships/peer relationships? _____

How does the child handle responsibility? _____

How does the child handle schedules or lack of schedules? _____

How does the child handle transitions at and between home and school? _____

Describe the child's sense of organization: _____

Describe the child's level of overall emotional control: _____

Describe the child's level of patience/determination/attention with prolonged tasks: _____

ACADEMIC EXPERIENCE/PROGRESS

What schools has the child attended, and for what grades?

Has the child ever failed a grade/been held back? Why/which grade?

Current Teacher: _____ Current Grade: _____ Current Class Size: _____

What subjects does the child particularly enjoy? _____

What subjects does the child particularly dislike? _____

How does the child feel about school? _____

Is the child reading at grade level? _____

At what age did the child begin to recognize letters? _____

At what age did the child begin to identify the sounds of letters? _____

Please indicate whether any of the behaviors below are said to apply to the child ...

- | | |
|---|---|
| <input type="checkbox"/> Doesn't know letters and sounds | <input type="checkbox"/> Can't decode words |
| <input type="checkbox"/> Poor comprehension of what is read | <input type="checkbox"/> Inattentive to instruction |
| <input type="checkbox"/> Inadequate reading vocabulary | <input type="checkbox"/> Daydreams in the classroom |

What other comments do you get from school about the child?

How does the child feel about reading in school?

Does the child like to be read to/to read alone at home?

What is your opinion on how reading is presented at school and how the child is learning?

Does the child use letters/numbers appropriately when reading or writing?

Check any of the following behaviors that describe the child *more than other children the same age:*

- Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has trouble keeping attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (loses focus, gets sidetracked).
- Often has trouble organizing activities.
- Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
- Often loses things needed for tasks and activities.
- Is often easily distracted.
- Is often forgetful in daily activities.
- Often fidgets with hands or feet or squirms in seat when sitting still is expected.
- Often gets up from seat when remaining in seat is expected.
- Often excessively runs about or climbs when and where it is not appropriate
- Often has trouble playing or doing leisure activities quietly.
- Is often "on the go" or often acts as if "driven by a motor".
- Often talks excessively.
- Often blurts out answers before questions have been finished.
- Often has trouble waiting one's turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).