Auditory Processing Case History

Kireker Center for Child Development - Valley Hospital
505 Goffle Road Ridgewood, NJ 07450
201-612-1006

Child's Name: _____ Date of Birth: _____ Age: _____

Person Completing Form/Relationship: _____

Who recommended this evaluation? _____

Reason for evaluation: _____

Developmental/Medical/Family History – *Please indicate if your child has experienced any of the following:*

_____ Premature Birth	_____ Mechanical Ventilation	_____ Serious Illness or Accidents
_____ Problems before, during, after Birth	_____ Head of Neck Abnormalities	_____ Ear Infections
_____ Hyperbilirubinemia/Jaundice	_____ Fetal Alcohol Syndrome	_____ Ear Tubes
_____ Bacterial Meningitis	_____ Delays in Development	_____ Allergies
_____ Congenital or Perinatal Infections	_____ Sensory Integration Issues	_____ Autism Spectrum Disorder
_____ Asphyxia/Lack of Oxygen at Birth	_____ Has a Syndrome	_____ ADHD
_____ NICU Stay of more than 5 Days	_____ Adopted/Foster Child – History Unknown	

_____ Family History of Hearing Loss *(Describe)*_____

_____ Speech-Language Problems: *Please describe* _____

_____

Educational Information: Grade: _____ (Pre-)School: _____

Is your child classified? _____ No _____ Yes What educational classification? _____

_____ 504 Accommodations? *Please list services*_____

_____ IEP? *Please list services*_____

Behaviors and Characteristics - *Please indicate if your child exhibits any of the following:*

_____ Sensitive to loud sounds	_____ Short attention span	_____ Forgetful
_____ Difficulty hearing in noisy places	_____ Impulsive or Restless	_____ Asks for repetition; Says "Huh? or What?"
_____ Easily upset in new situations	_____ Easily distracted	_____ Disruptive or Rowdy
_____ Difficulty following directions	_____ Daydreams	_____ Temper Tantrums
_____ Easily frustrated	_____ Tires easily	_____ Difficulty learning new concepts
_____ Reading problems	_____ Difficulty expressing ideas	_____ Difficulty with word meanings
_____ Spelling problems	_____ Dislikes school	

_____ Listening/Understanding problems (Please describe): _____

_____

_____

_____

_____

Additional Information for the audiologist: _____

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