

Participant #: _____

MEDICAL AND DEVELOPMENTAL HISTORY

1) Has your child been diagnosed with any of the following? (*check for 'yes'*)

- 1. ADD/ADHD _____
- 2. Autism Spectrum Disorder _____
- 3. Cleft lip/palate _____
- 4. Ear infections _____

If yes, when did he/she have his first ear infection and how many has he/she had?

- 5. Vision problems _____
- 6. Feeding/Swallowing problems _____
- 7. Hearing loss _____
- 8. Intellectual disability _____
- 9. Speech delay/disorder (difficulty making sounds) _____
- 10. Language delay/disorder (difficulty understanding and/or producing words and sentences) _____
- 11. Seizure disorder _____
- 12. Other (please specify) _____

2) Do you have any concerns about your child's development? YES / NO

If yes, please explain: _____

3) Is your child currently receiving or have they ever received services related to delays in speech and/or language development? YES / NO

If yes, please describe: _____

4) Has your child had his/her hearing tested? YES / NO

If yes, when and where did the testing occur and what were the results?

5) Has anyone in your child's close family (parents, brothers/sisters, aunts, uncles, cousins) had problems with speech or language? YES / NO

If yes, please describe:

DEMOGRAPHIC INFORMATION

Educational background of parents:

How many years of school has your child's mother completed? *(please check one)*

- Grade 11 or less
- Grade 12 or GED
- 1-3 Years of college
- Bachelor's degree
- Some graduate coursework
- Graduate degree

How many years of school has your child's father completed? *(please check one)*

- Grade 11 or less
- Grade 12 or GED
- 1-3 Years of college
- Bachelor's degree
- Some graduate coursework
- Graduate degree

Ethnicity of child:

Is your child Hispanic or Latino? YES / NO

Race of child:

(Please check as many as appropriate)

- African American or Black
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- White
- Other _____