Audiologic / FM / Auditory Processing
Parent Input Form

Please return the completed form to:
IU1 Attn: Melanie Naylor, MA CCC-A
1 Intermediate Unit Drive, Coal Center, PA 15423
724-938-3241 x518

Please mark N/A if question does not apply to your child.

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

Preferred Time / Method of Contact:
_____
Home Phone: _____
Work Phone: _____
E-mail: _____

Parent / Guardian Name: _____

What outcomes would you like as a result of this referral?

_____
_____
_____
_____

What are your primary concerns with your child in the educational setting?

_____
_____
_____
_____

What types of situations have you noticed your child having hearing difficulties?

_____
_____
_____
_____

Age child's hearing loss was identified?

_____

Age when amplification (hearing aids) was fit?

_____

Name of private audiologist:

Contact information: Address/phone number:

Make and model of hearing aids: Right ear:

Make and model of hearing aids: Left ear:

Degree of hearing loss left ear/ right ear:

Most recent audiogram:

Is your child a consistent hearing aid user? **YES** **NO**

Can your child indicate when the hearing aid battery dies? **YES** **NO**

Can she/he change the hearing aid battery? **YES** **NO**

Can your child independently take out and put on his/her hearing aids? **YES** **NO**

List any health issues or daily medications:

Does your child have a history of ear infections? **YES** **NO**

Does child have an ENT (ear, nose, throat) Doctor? **YES** **NO**

Has your child ever had tympanostomy (pressure equalization) tubes? **YES** **NO**

Is there a family history of hearing loss? **YES** **NO**

Is the cause of your child's hearing loss known? **YES** **NO**

What is your child's current academic performance? grades? strengths? weaknesses?

Any concerns with your child's communication skills? **YES** **NO**

Is your child receiving any special services in his/her educational setting? (examples: OT, PT, Speech, Learning support, Hearing support, social work, TSS) **YES** **NO**

Include Additional Information, Questions, and Concerns:

Parent Signature **Date**

rev 4/24/15 slm