

SPEECH AND HEARING CLINIC

Patient # \_\_\_\_\_

University of S



7. Have any of the child's teachers ever requested that his/her hearing or vision be tested? \_\_\_\_\_
8. Does the child have problems paying attention and following directions in the classroom? \_\_\_\_\_
9. Has the child ever been involved with alcohol and/or drugs? \_\_\_\_\_ If so, describe \_\_\_\_\_  
\_\_\_\_\_
10. Is there any history of learning problems in the family? \_\_\_\_\_
11. Please describe any further information about the child's behavior, schooling, health, etc., which you feel is important \_\_\_\_\_  
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ADDITIONAL COMMENTS:

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Signature of person completing form