

# Northville Public Schools History of Ear and Hearing Problems

Hearing difficulties in children can have a negative impact on educational performance. We would like to be aware of significant ear problems and/or hearing loss in your child so that we can offer assistance or intervention as needed. Please complete the following survey and return it with your information.

Child's Name: \_\_\_\_\_  
Completed by: \_\_\_\_\_

**EAR PROBLEM:** ear infection, ear aches, draining ears, medicine taken for ears, doctor noticed fluid behind eardrum, hole in eardrum, diagnosed hearing loss, etc.

- |   | <u>YES</u>              | <u>NO</u>               |
|---|-------------------------|-------------------------|
| 1. Did your child have any ear problems before the age of one?  | _____                   | _____                   |
| 2. Has your child ever had draining ears?   | _____                   | _____                   |
| 3. Approximately how many ear problems has your child had in his/her life?<br>0-2_____ 3-5_____ 6-10_____ 10 or more_____ |                         |                         |
| 4. Does your child tend to have 4 or more ear problems each year?   | _____                   | _____                   |
| 5. Has your child had an ear problem in the last 6 months?  | _____                   | _____                   |
| 6. Has your child ever had an ear problem that lasted three (3) months or longer (with or without medication)?            | _____                   | _____                   |
| 7. Has anyone related to the child had many ear problems (parents, brothers, sisters, and/or cousins)?                    | _____                   | _____                   |
| 8. Has an ear doctor (Otologist/ENT) ever seen your child?  | _____                   | _____                   |
| 9. Has your child ever had tubes placed in his/her eardrums?<br>If yes, how many times? _____ At what age? _____          | _____                   | _____                   |
| 10. Does your child:<br>a. Frequent runny nose?<br>b. Frequent colds or sinus infections?<br>c. Allergies?                | _____<br>_____<br>_____ | _____<br>_____<br>_____ |
| 11. Does your child have any permanent hearing loss that you know about?<br>Please describe: _____<br>_____               | _____                   | _____                   |
| 12. Additional comments related to your child's hearing: _____<br>_____   |                         |                         |
| 13. Do you have any additional speech, language, or learning concerns at this time? Please describe: _____<br>_____       |                         |                         |

Thank you,

Speech and Language Pathologist