

BASIC INFORMATION FORM

Child's Birthdate _____ Today's Date _____

Child's Name _____ Sex _____
FIRST MIDDLE LAST

Address _____ Ph. # _____
STREET CITY ZIP

Child's birth order: 1st 2nd Other _____ (specify) Number of children in family _____

Is child adopted? Yes No Child's birth weight: _____

Name of Mother/Guardian: _____

Name of Father/Guardian: _____
FIRST LAST

EXPOSURE TO OTHER LANGUAGES

Is your child regularly exposed to a language other than English? YES NO

If YES: What Language? _____ By whom? _____

Days per week? _____ # Hours per day? _____ Since what age (in months)? _____

HEALTH

Did you experience any major pregnancy or birth complications? YES NO

If YES: Please describe: _____

Was your child born prematurely (i.e., before the due date)? YES NO

If YES: How many weeks early? _____

Does your child experience chronic ear infections (5 or more)? YES NO

If so, has your child undergone intervention (e.g., tubes)? YES NO

If YES: Please describe: _____

Is there some reason to suspect that your child may have a hearing loss? YES NO

Has your child had any major illnesses, hospitalizations, or diagnosed disabilities? YES NO

If YES: Please describe: _____

Have you or any member of your extended family (e.g., child's siblings, grandmother, father, etc.) been diagnosed with any type of behavioral impairment, neurological impairment, language disability and/or learning disability? YES NO

If YES: Please specify: _____

OVER PLEASE!!

CAREGIVER INFORMATION

With whom does your child live?

- One parent
- Both biological parents
- Biological parent + step-parent
- Adopted parent(s)
- Other, please explain _____

Who participates in the day-to-day care of your child? (check all that apply)

- Mother/Guardian
- Day Care Center (hrs/week _____)
- Father/Guardian
- Non-parent caregiver (e.g., grandparent, "nanny")
in your home (hrs/week _____)
- Outside-the-home caregiver (e.g., "family provider" in their home) (hrs/week _____)
- Other, please explain _____(hrs/week _____)

ETHNIC BACKGROUND

For example, Asian, Black, Hispanic, White, American Indian, or other appropriate category.

Mother/Guardian

Father/Guardian

EDUCATION

Circle highest grade completed. (12 = high school graduate, 16 = college graduate, 18 = advanced degree).

Mother/Guardian 6 7 8 9 10 11 12 13 14 15 16 17 18

Father/Guardian 6 7 8 9 10 11 12 13 14 15 16 17 18

OCCUPATION

Please provide a brief description of your occupation using specific terms (e.g., computer technician, accountant, dental assistant)

Mother/Guardian: _____

Father/Guardian: _____

CONTACT INFORMATION

The best **TIME** to contact me is: _____ The best **PLACE** to contact me is:

HOME Ph. # _____

WORK Ph. # _____

THANK YOU FOR TAKING THE TIME TO ANSWER OUR QUESTIONS!

PLEASE MAIL FORM(S) IN ACCOMPANYING ENVELOPE.

YOU MAY BE ASKED TO COMPLETE A FOLLOW-UP FORM IN A FEW MONTHS OR

MAY BE INVITED TO COME TO OUR LABORATORY.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT

THE DATABASE COORDINATOR at (972) 883-6289