Children's Mercy HOSPITALS & CLINICS

Hearing and Speech Supplement – Infant/Toddler (Page 1 of 4)

7093-026 MR 08/06

OFFICE USE ONLY: *Medical Record Number:* ___________
Mailed: ____/____/____ *Received:* ____/____/____ *Schedule Date:* ____/____/____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Child's Name:____

Date of Birth: ____/____/____ Age: _______ Sex: ☐ Male ☐ Female Language: ________________________

Evaluation of a child younger than 3 years of age requires that his or her parents provide detailed information about the child's behavior at home. Observe your child for one week and complete this checklist before the evaluation.

FEEDING	No	Yes
1. My child is difficult to feed.	☐	☐
2. My child currently drinks from a bottle.	☐	☐
3. My child loses milk out of the corners of his or her mouth.	☐	☐
4. My child uses a special nipple.	☐	☐
5. My child drinks efficiently from a cup.	☐	☐
6. My child loses milk from his or her nose.	☐	☐
7. When I feed my child with a spoon, he or she pushes much of the food out with the tongue.	☐	☐
8. My child moves food around in his or her mouth effectively while chewing.	☐	☐
9. My child drools.	☐	☐
10. My child sucks a thumb or pacifier.	☐	☐
HEARING	No	Yes
1. My child turns around to find the sounds for which he or she can not see the source.	☐	☐
2. My child responds to such noises as the telephone or doorbell.	☐	☐
3. My child responds when his or her name is called.	☐	☐
PRE-SPEECH (for children who are not talking)	No	Yes
1. My child makes cooing sounds (vowel sounds such as "oo" or "oh").	☐	☐
2. My child makes squealing sounds that go up and down in pitch.	☐	☐
3. My child repeats sounds such as ba-ba, na-na.	☐	☐
4. My child makes sounds not just when playing alone, but also when playing with adults.	☐	☐
5. My child imitates sounds.	☐	☐
6. My child points to things he or she wants.	☐	☐
7. Rather than talking about it, my child reaches for what he or she wants.	☐	☐
8. My child holds things up to show me.	☐	☐
SPEECH (for children who are talking)	No	Yes
1. I understand at least half of the words my child says.	☐	☐
2. Strangers can understand my child as well as I can.	☐	☐
3. In addition to telling me what he or she wants, my child points to it.	☐	☐
4. My child tries to tell me about things that have happened.	☐	☐
5. My child puts two (2) words together in short phrases.	☐	☐
6. My child combines three (3) or more words into sentences.	☐	☐
PLAY	No	Yes
1. My child's play consists mostly of putting toys in his or her mouth.	☐	☐
2. My child grabs toys.	☐	☐
3. My child holds toys and shakes or bangs them.	☐	☐
4. My child turns toys around in his or her hands to examine them.	☐	☐
5. My child stacks blocks.	☐	☐
6. My child pulls or pushes toys.	☐	☐
7. My child sometimes pretends that an object is different from what it really is (for example, a pan on the head is a hat, or a spoon is a hairbrush).	☐	☐
8. My child pretends to be someone else (doctor, mommy, teacher, etc.).	☐	☐
9. My child pretends to talk on the phone.	☐	☐
10. My child pretends to brush a doll's hair.	☐	☐
11. My child pretends to feed a doll.	☐	☐
12. My child pretends to pound with a hammer.	☐	☐
13. My child throws a ball.	☐	☐
14. My child tries to put together puzzles.	☐	☐

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Child's Name: ______________________________

To find out if your child understands a word, ask questions such as "Where is _____?" or "Give me the _____." If your child responds appropriately, he or she understands the meaning of the word. **To find out if your child knows an action word**, ask your child to perform a specific action, and check his or her response. Do not point or gesture to give your child clues to what the word means.

Check each box below that applies to your child. For each section, write in the number of U's and S's in the "Subtotals" boxes.

U = understands the word S = says the word

PEOPLE/PETS	U	S
mama		
dada		
grandma		
grandpa		
child's own name		
name(s) of brother(s)		
name(s) of sister(s)		
name(s) of friend(s)		
pet names		
stuffed animal names		
SUBTOTALS		

BODY PARTS	U	S
arm		
belly button		
bottom		
chin		
elbow		
eye		
eyebrow		
finder		
foot		
hair		
hand		
head		
knee		
leg		
lips		
mouth		
nose		
teeth		
toe		
tongue		
tummy		
SUBTOTALS		

VEHICLES	U	S
airplane		
bike		
bus		
car		
motorcycle		
stroller		
tractor		
train / choo-choo		
truck		
SUBTOTALS		

ACTION WORDS	U	S
again		
blow		
bring me		
brush hair		
clap		
climb		
close		
come		
cry		
dance		
don't		
down		
draw		
drink		
drop		
eat		
fall down		
find		
fly		
get		
get dressed		
get up		
give		
go		
have		
help		
hit		
hold		
hug		
hurt		
jump		
kiss		
lie down		
listen		
love		
more		
SUBTOTALS		

PREPOSITIONS	U	S
beside		
in		
next to		
on		
under		
with		
SUBTOTALS		

ACTION WORDS	U	S
night night		
open		
patty cake		
peek-a-boo		
play		
point to		
push		
put in		
put on		
read		
ride		
run		
see		
shake		
show		
sing		
sit		
sleep		
smell		
smile		
splash		
stand up		
stop		
take bath		
take off		
throw		
tickle		
touch		
touch		
turn around		
up		
wait		
walk		
want		
wash		
write		
SUBTOTALS		

NUMBERS	U	S
one		
two		
three		
SUBTOTALS		

CLOTHES	U	S
belt		
bib		
boot		
button		
coat		
diaper		
glasses		
hat		
mitten		
pajamas		
pocket		
scarf		
shirt		
shoe		
slipper		
sock		
sweater		
SUBTOTALS		

ANIMALS	U	S
ant		
bee		
bird		
bug		
bunny rabbit		
butterfly		
cat		
cow		
dog		
duck		
elephant		
fish		
giraffe		
horse		
lamb		
lion		
monkey		
mouse		
owl		
pig		
teddy bear		
tiger		
turtle		
SUBTOTALS		

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Child's Name:____

CONTINUED FROM PREVIOUS PAGE

FOOD-RELATED	U	S
bottle		
cup		
spoon		
fork		
bowl		
plate		
juice		
milk		
cracker		
pretzel		
cookie		
bread		
ice cream		
cake		
cheese		
soup		
McDonald's		
pancake		
pop		
cereal		
candy		
spaghetti		
banana		
orange		
apple		
sugar		
hot dog		
hamburger		
french fries		
egg		
ketchup		
peas		
beans		
carrots		
SUBTOTALS		

QUESTION WORDS	U	S
how		
what		
when		
where		
who		
why		
SUBTOTALS		

HOUSEHOLD	U	S
saw		
nail		
plant		
vacuum		
radio		
TV		
stove		
sink		
hose		
clock		
lamp		
mirror		
broom		
kitchen		
my or your room		
bathroom		
music		
telephone		
bed		
crib		
chair		
high chair		
couch		
upstairs		
downstairs		
light		
door		
wall		
window		
floor		
refrigerator		
bath		
SUBTOTALS		

COLORS	U	S
black		
blue		
brown		
green		
orange		
red		
white		
yellow		
SUBTOTALS		

PRONOUNS	U	S
he		
her		
here		
him		
I		
it		
me		
my / mine		
she		
that		
there		
this		
us		
we		
you		
your		
SUBTOTALS		

OUTSIDE	U	S
at school		
at work		
flower		
garage		
garden		
grass		
house		
moon		
mower		
outside		
playground		
rain		
river		
shovel		
sky		
slide		
snow		
star		
sun		
swing		
tree		
SUBTOTALS		

DESCRIPTIVE	U	S
bad		
big		
cold		
dirty		
good		
heavy		
hot		
little		
nice		
pretty		
sharp		
shut / closed		
sleepy		
sticky		
stuck		
wet		
fast		
happy		
hungry		
mad		
slow		
SUBTOTALS		

MISCELLANEOUS	U	S
because		
boo boo		
bye bye		
excuse me		
hello		
hi		
no no		
another		
again		
all done		
all gone		
ok		
pee pee		
please		
poo poo		
see ya		
thank you		
yes		
SUBTOTALS		

OFFICE USE

TOTALS: U = _______ S = _______

____
Signature of Person Completing This Form

____
Printed Name of Person Completing This Form

____
Relationship to Child

_____/_____/_____
Date

STAFF TO COMPLETE BACK PAGE DURING VISIT

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FOR STAFF USE DURING VISIT:

Pain Assessment:: Is there pain now? ☐ No ☐ Yes, check one: ☐ See clinic record/notes. ☐ Referred to primary care provider (PCP).
Informant: ☐ Patient ☐ Parent ☐ Other ☐ See "Outpatient Pain Assessment and Management Record" (#7080-002).

Cultural/Religious Practices: ☐ None ☐ Yes: ______________________________

Emotional/Family/Home Concerns: ☐ None ☐ Yes: ______________________________

Barriers to Learning: ☐ None ☐ Vision ☐ Reading ☐ Hearing ☐ Language ☐ Learning Disability ☐ Other: ______________

Learning Needs Identified: ☐ None ☐ Yes: ______________________________

Reviewed By (signature/title): ______________________________ Date: _____/_____/_____ Time: _______ hours