



Educational Audiology Resources, LLC

Dear Parent:

Your child has been scheduled for a (Central) Auditory Processing Evaluation on _____ at _____. This evaluation will examine the way the auditory system processes acoustic/sound and speech information through the auditory neural pathways for interpretation. This information will then be related to academic performance and the impact in the classroom.

The evaluation will take approximately two hours to complete. Please explain to your child that he or she will be listening to words, numbers, and sounds and asked to repeat what they hear. Parents are invited to remain through the evaluation, as the testing will be explained throughout the session.

We are enclosing information that briefly describes auditory processing disorders. A Fisher's Auditory Problems Checklist has also been enclosed. Please complete the checklist under the caption of "parent" then forward to your child's teacher for their input under the caption "teacher". You may want to send them a blank copy to complete. In addition, in order to complete a comprehensive report, we ask that you provide copies of any Child Study Reports, IEPs, 504Plans, Speech-Language Evaluation reports, or other specialist reports for review. This will assist us in obtaining a comprehensive picture of the academic and/or related difficulties your child is experiencing.

Thank you in advance for your assistance.

Sincerely,

Donna M. Goione Merchant, Au.D, CCC, FAAA
ABA Certified Doctor of Audiology
Assistant Professor Montclair State University
Dept. of Communication Sciences and Disorders
NJ Certified Teacher of the Hearing Impaired/Deaf
NJ Certified Teacher of the Handicapped

Encl.

PLEASE NOTE: We regret that there will be a charge for copying records. Therefore, if you are bringing your records with you we recommend that you bring an additional copy that we may keep. Thank you.

EDUCATIONAL AUDIOLOGY RESOURCES, LLC
1673 Route 88 West
Brick, New Jersey 08724
(732) 458-5050

PATIENT INFORMATION

Name _____ Soc.Sec. # _____
HOME PHONE _____ CELL PHONE _____
Address _____ City _____
State _____ Zip _____ BIRTHDATE _____ AGE _____
SEX: MALE FEMALE SINGLE MARRIED WIDOWED SEPARATED DIVORCED
WHO MAY WE THANK FOR REFERRING YOU TO OUR PRACTICE? _____

PARENT OR GUARDIAN INFORMATION

Name _____
Relationship to Patient _____ Birthdate _____ S.S.# _____
Address (if different from patient) _____
Employer _____ Occupation _____
Employer Address _____ Business Phone _____

RESPONSIBLE FOR PAYMENT

Patient Self Pay _____ School District Responsible _____
Contact Person _____ Contact Phone _____

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature for any related needs.

Responsible Party Signature

Relationship

Date

Please read carefully and sign below:

- I give permission to Educational Audiology Resources, LLC to release information, verbal and written (contained in my medical record and other related information), to my insurance company, rehab nurse, case, manager, attorney, employer, related healthcare providers, assignees, and/or beneficiaries and all other related persons, Information without patient identifiers may be used for quality purposes.

_____ *Initial to refuse permission to release records.*

- Please List any Persons or Providers you would like to reports/updates to be sent to:

- I acknowledge that I have received and reviewed the Health Insurance Portability & Accountability Act (HIPAA) policy of this office. (If you would like a copy of this policy, please ask the front desk.)
- I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for professional services or purchases rendered.
- I have read all the information on this sheet, completed the above answers, and certify this information is true and correct to the best of my knowledge and hereby give Educational Audiology Resources, LLC permission to treat my concerns.

I have read and understand all the above information.

Patient Signature (A copy of this signature is as valid as the original)

Date

Signature of Parent or Guardian

Date

FISHER'S AUDITORY PROBLEMS CHECKLIST

(Modified for E.A.R.)

Student Name: _____ District/School: _____

Date: _____ Grade: _____ Observer(s): _____ Position _____

Please place a check mark before each item that is considered to be a concern by the observer:

Parent Teacher

1. _____ Has a history of hearing loss
2. _____ Has a history of ear infection(s)
3. _____ Has a language problem (morphology, syntax, vocabulary, phonology)
4. _____ Demonstrates below average performance in one or more academic areas(s)
5. _____ Experiences difficulty following auditory directions
6. _____ Displays problems recalling what was heard last week, month, year
7. _____ Learns poorly through the auditory channel
8. _____ Lacks motivation to learn
9. _____ Daydreams – attention drifts – not with it at times
10. _____ Has short attention span
11. _____ Does not listen carefully to directions – often necessary to repeat instructions
12. _____ Does not pay attention (listen) to instruction 50% or more of the time

13. _____ Has an articulation (phonology) problem
14. _____ Has difficulty with phonics
15. _____ Says “Huh?” and “What” a lot
16. _____ Experiences problems with sound discrimination
17. _____ Frequently misunderstands what is said
18. _____ Displays slow or delayed response to verbal stimuli
19. _____ Does not comprehend many words-verbal concepts for age/grade level

20. _____ Is easily distracted by background sound(s)
21. _____ Forgets what is said in a few minutes
22. _____ Does not remember simple routine things from day to day
23. _____ Cannot attend to auditory stimuli for more than a few seconds

24. _____ Cannot always relate what is heard to what is seen

25. _____ Has difficulty recalling a sequence that has been heard

Educational Audology Resources, LLC
Donna M. Goione Merchant, Au.D. FAAA
Pediatric Medical History

Name: _____ Date: _____
Address: _____ DOB: _____ Age _____
SSN#: _____
Phone: _____
Referred by: _____
Reason for referral: _____

BACKGROUND INFORMATION

Hearing Difficulty: Right ear _____ Left ear _____ Both ears _____
In what situations is it notable? _____
Does your child turn the TV loud? Yes ___ No ___ Does your child speak in a loud voice? Yes ___ No ___
Does your child have a history of ear infections? Yes ___ No ___ Chronic or Recurrent?
Did the ear infections begin prior to 12 months of age?
Has your child had ear surgery? Yes ___ No ___ When? _____
Family history of hearing loss Yes ___ No ___ If yes, explain: _____

Has your child had a serious head injury Yes ___ No ___ Concussion or loss of consciousness? Yes ___ No ___
Has your child been hospitalized for any reason? Yes ___ No ___ Explain: _____

Please list your child's medications: _____

MEDICAL INFORMATION: Check all that apply

Ear pain (otalgia) _____	Ear drainage (Otorrhea) _____	Aural fullness _____
Tinnitus (ringing in ears) _____	Dizziness/imbalance _____	Diabetes _____
Freq. Headaches _____	Freq. Nausea _____	Noise Exposure _____
Meningitis _____	Tuberculosis _____	Scarlet Fever _____

DEVELOPMENTAL HISTORY

Was the pregnancy and delivery within normal limits? _____ If no, please explain. _____

Pre/Postnatal complications? _____

Birth weight: _____ Length _____ Sat Unsupported _____ Crawled _____

Walked Independently _____ Spoke Single Words _____ Combined Words _____

Childhood illness: Chicken Pox _____ Measles _____ Mumps _____ Elevated Fever _____

Convulsions or Seizures _____

Was your child seen by Early Intervention? _____ If yes, please explain _____

Has your child had any other educational and/or medical evaluations? _____ If yes, what was the determined diagnosis?

ADDITIONAL INFORMATION



OUR FINANCIAL POLICY

Thank you for choosing Educational Audiology Resources. The following is a statement of our financial policy and we ask that you read and sign this statement prior to seeing the Audiologist.

Please be aware that Educational Audiology Resources does **NOT** participate with any insurance companies.

FULL PAYMENT is due at the time of service. We accept cash, checks, Visa and Mastercard.

MINOR PATIENTS: The adult accompanying the minor is responsible for full payment at the time of the service.

Thank you for understanding our financial policy.

I have read this financial policy and I understand and agree to this policy.

Signature of Parent/Guardian

Date

Let's Talk

... for people with special communication needs

No. 20

What Are Central Auditory Processing Problems in Children?

"Okay, class, before you open your science book to page 95 for the next lesson, get out your homework from yesterday, and put it in the right-hand corner of your desk for me to review; then we'll be ready to start."

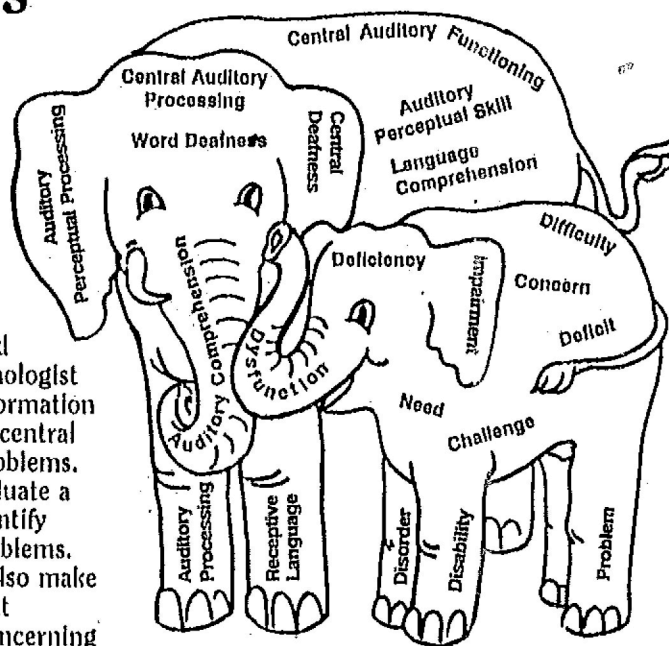
Ron takes out his social studies book and stares into space.

Why didn't Ron follow the teacher's directions? Not listening? Distracted? Not paying attention? Poor conduct? Hearing loss? Any of these explanations is possible. Or maybe Ron hears the sound, but has a problem processing or understanding what is said to him—particularly when the language used is complex, spoken rapidly, or is lengthy, and when there's a lot to look at and lots of noise around him. The inability to understand spoken language in a meaningful way in the absence of what is commonly considered a hearing loss is called a central auditory processing problem. Other terms that have been used interchangeably include: auditory comprehension deficit, central deafness, word deafness, and auditory perceptual processing dysfunction. Frank Musiek, audiologist and researcher in this area, has described central auditory processing as, "How well the ear talks to the brain, and how

well the brain understands what the ear tells it."

Evaluation by both an audiologist and a speech-language pathologist provides important information about the person with central auditory processing problems. An audiologist will evaluate a child's hearing and identify possible processing problems. This professional will also make recommendations about treatment strategies concerning improving the listening environment and monitoring any changes in hearing status. A speech-language pathologist can evaluate a child's perception of speech and his/her receptive (understanding) and expressive (production) language use. These professionals and a child's teacher and parents can work together to determine the scope of the problem and the most effective treatment techniques.

Two general treatment approaches have been used for central auditory processing problems. One approach focuses on training certain auditory and listening skills such as auditory discrimination (e.g., telling the difference between *peas* and *bees*), localization of sound, sequencing sounds, or identifying a target sound



Your view depends on which part of the elephant you touch.

in a noisy background.

Training these skills in isolation, however, may not help a child to understand complex language, such as a teacher's instructions. Therefore, another approach concentrates on teaching more functional language skills (e.g., vocabulary, grammar, conversational skills) and uses strategies (e.g., visual aids and repeating directions) to facilitate the processing of language.

Changes can also be encouraged at home and in the classroom to help a child with

continued on back

central auditory processing problems:

1. Seating

- Select seating for the child away from auditory and visual distractions to help focus and maintain attention. A seat close to the teacher and the blackboard and away from the window and the door may be helpful.

2. Setting

- Reduce external visual and auditory distractions. A large display of posters or cluttered bulletin boards can be distracting. A study carrel in the room may help. Ear plugs may be useful for distracting noise from a heater or air conditioner, the pencil sharpener, or talking in the hallways. Check with an audiologist to find out if ear plugs are appropriate and which kind to use. Placing mats and cloth poster boards on classroom walls has been shown to decrease the reverberation of noise. A structured classroom setting may be more beneficial than an open classroom situation.

- To improve the listening environment, an audiologist may recommend the use of a device that transmits the teacher's voice directly to the student's ear while blocking out background noise. The audiologist can provide recommendations on the potential benefit of available options based on the child's individual needs.

3. Speaking

- Gain the child's attention

before giving directions.

- Speak slowly and clearly, but do not overexaggerate speech.

- Use simple, brief directions.

- Give directions in a logical, time-ordered sequence. Use words that make the sequence clear, such as *first, next, finally*.

- Use visual aids and write instructions to supplement spoken information.

- Emphasize key words when speaking or writing especially when presenting new information. Pre-instruction with emphasis on the main ideas to be presented may also be effective.

- Use gestures that will clarify information.

- Vary loudness to increase attention.

- Check comprehension by asking the child questions or asking for a brief summary after key ideas have been presented to be sure the child understands.

- Paraphrase instructions and information in shorter and simpler sentences rather than by only repeating.

- Encourage the child to ask

questions for further clarification.

- Make instructional transitions clear.

- Review previously learned material.

- Recognize periods of fatigue and give breaks as necessary.

- Avoid showing frustration when the child misunderstands a message.

- Avoid asking the child to listen and write at the same time. For children with severe central auditory processing problems, ask a buddy to take notes, or ask the teacher to provide notes. Tape recording classes is another effective strategy.

Central auditory processing problems can affect learning particularly in areas like spelling and reading. It is important to identify problems early and help the child acquire adaptive strategies to compensate. If your child is a "poor" listener, frequently misunderstands speech, and has difficulty following directions, consult an audiologist or speech-language pathologist to determine if problems exist.

People, Places, Things

... The National Captioning Institute (NCI) applauds the fact that the 1989-90 prime time TV season had all shows closed captioned.

... The December 1989 issue of Atlantic Monthly included a short story by John Hersey about the family reaction when a man brings home his fiancée who stutters.

... Citibank (New York State) has a toll-free CitIphone TDD number—1-800-624-4778. TDD users now have access to this 24-hour telephone banking service.



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