

## SPEECH DEVELOPMENT LABORATORY

*We would appreciate your answering these questions as completely as possible. There is a good reason for each question. If you would like further explanation for a specific question, please call us at 1-614-293-9815.*

**All information is kept strictly confidential.**

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Today's date: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ City and state of child's birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Email: \_\_\_\_\_

Names and birth dates of other children in the family:

Has your child generally been healthy? (If not, please explain briefly.)

How many middle ear infections did your child have before the age of three? \_\_\_\_\_, after the age of three? \_\_\_\_\_  
Age at time of first middle ear infection? \_\_\_\_\_

Has your child ever been seen for a speech/language or reading problem? (If so, please describe briefly.)

Is your child currently receiving services for speech/language or reading difficulties? \_\_\_\_\_

Does any member of the immediate family have a speech, language, or hearing problem? (If so, please describe briefly.)

Are any languages other than English spoken in the home? (If so, what language(s) and roughly what proportion of the time?)

Has your child has music training? (If so, please describe briefly. How many years?)

Is your child left or right-handed? \_\_\_\_\_

Please circle one: Your total family yearly income is:

less than \$20,000	between \$20,000 and \$30,000
between \$30,000 and \$45,000	greater than \$45,000

What is the occupation of the primary income earner in the household?

What is the highest degree received by the primary income earner?

How did you find out about our research?

Please circle which of these times are the best for you to come to the Speech Development Lab at Ohio State University:

Regular working hours                  Evenings                  Saturdays

I would like to be contacted about having my child participate in this study.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This project is approved by the Ohio State University Institutional Review Board.

11/22/11

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