



HISTORY OF EAR AND HEARING PROBLEMS FORM

Parent/Guardian:

Children who have had many ear problems (infections, earaches, draining ears, fluid behind eardrum, hole in eardrum, etc) and periods of hearing loss in early childhood are more likely to have difficulty with language, vocabulary and listening skills when they begin school. To assist us in identifying students with a history of ear and hearing problems, please answer the following questions:

Child's Name: _____

Birthdate: ___/___/___

- | | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| • Did your child have <u>any</u> ear problems before the age of one year? | ___ | ___ |
| • Has your child ever had a draining ear? | ___ | ___ |
| • Approximately how many ear problems has your child had in his/her life?
0-2 ___ 3-5 ___ 6-10 ___ 10 or more ___ | | |
| • Does your child tend to have four or more ear problems each year? | ___ | ___ |
| • Has your child had an ear problem in the last 6 months? | ___ | ___ |
| • Has your child ever had an ear problem that lasted three months or longer? | ___ | ___ |
| • Has anyone closely related to the child (parents, brothers, sisters, cousins) had numerous ear problems? | ___ | ___ |
| • Has your child ever been seen by an ear doctor (otologist)?
If yes, what doctor? _____ Month/year of last visit: ___/___ | ___ | ___ |
| • Has your child ever had tubes placed in his/her eardrums?
If yes, how many times? _____ At what age(s)? _____ | ___ | ___ |
| • Does your child have any permanent hearing loss that you are aware of?
(For example: deaf in one ear, unable to hear high-pitched sounds)
Please describe: _____ | ___ | ___ |

I understand this information may be shared with those school staff who are supervising the student, those school staff who need the information in order to protect the health and safety of the student, and those school staff who are responsible for providing a safe learning environment.

Parent/Guardian Signature

Date