FOLLOW-UP DEMOGRAPHIC FORM

GENERAL INFORMATION Today's date: ☐

Child's name: ☐

Names of adults in the home: ☐

City: ☐ State: ☐ Zip Code: ☐

1. Family qualifies for WIC and/or SNAP (food/nutrition assistance program):

☐ yes ☐ no ☐ unknown

2. *Current* hearing technology owned or on loan (even if not currently used):

☐ None ☐ Hearing aid(s)
☐ FM/DM system ☐ Cochlear implant*
☐ Bone conduction device (BAHA or similar)

*If the child has a cochlear implant...

First CI -- Date implanted: ☐ Date activated: ☐

Second CI -- Date implanted: ☐ Date activated: ☐

3. Current hearing technology use:

☐ None – has/had hearing technology but doesn't use

☐ N/A – never had hearing technology

☐ 1-3 hrs/day ☐ 4-5 hrs/day ☐ 6-8 hrs/day ☐ > 8 hrs/day

4. Mode of communication ***currently used by adults*** in the home ***with*** the child:

☐ spoken language only ☐ spoken language with occasional signs

☐ speech + sign ☐ sign only (no spoken language) ☐ Cued Speech

☐ Augmentative/Alternative Communication (AAC) system(s): ☐

5. Mode of communication ***currently used by the child***:

☐ none yet ☐ spoken language only ☐ spoken language with occasional signs

☐ speech + sign ☐ sign only (no spoken language) ☐ Cued Speech

☐ Augmentative/Alternative Communication (AAC) system(s): ☐

ADDITIONAL DISABILITIES

Please check issues that are formally diagnosed and/or suspected:

- ☐ ***No other disabilities***
- ☐ Brain injury
- ☐ Cerebral palsy (CP)
- ☐ Cognitive delay
- ☐ Autism Spectrum Disorder
- ☐ Balance disorder
- ☐ Significant medical issues
- ☐ Vision impairment or blind
- ☐ Seizures/Epilepsy
- ☐ Emotional
- ☐ Motor
- ☐ Behavioral
- ☐ Cleft lip/palate
- ☐ Sensory/Motor processing/integration
- ☐ Other disability (please explain): _____

Rate the effect of any disabilities the child has **(*other than hearing loss*)** on his/her speech/language development:

- ☐ 1 No disabilities other than hearing loss
- ☐ 2 One or more other disabilities, but they do not interfere with speech/language
- ☐ 3 One or more other disabilities that provide minimal obstacles to speech/language
- ☐ 4 One or more other disabilities that provide moderate obstacles to speech/language
- ☐ 5 One or more other disabilities that provide significant obstacles to speech/language

EDUCATION AND INTERVENTION

Child attends preschool/kindergarten (do NOT include daycare): ☐ Yes ☐ No

If yes, please complete the following:

Name of School: _____ Teacher's Name: _____

Type of School Setting	Sessions per month	Minutes per session
Preschool/kindergarten primarily for deaf/hard-of-hearing children		
Preschool/kindergarten for children with a variety of special needs		
Preschool/kindergarten primarily for hearing children		

In this table include services that the child/family **currently receives at least once a month**. Do not include services that happen while the child is in school. List each intervention **just ONCE** (wherever it fits best).

Type of Intervention	Typical delivery mode	Sessions per month	Minutes per session
Early intervention in the home associated with communication Interventionist's Name: Program/Agency's Name:	☐ telehealth ☐ in person ☐ hybrid		
Early intervention (individual) outside the home associated with communication (e.g., in a clinic, hospital, private office) Interventionist's Name: Clinic/Facility's Name:	☐ telehealth ☐ in person ☐ hybrid		
Speech or auditory therapy in the home Speech Therapist's Name: Program/Agency's Name:	☐ telehealth ☐ in person ☐ hybrid		
Speech or auditory therapy (individual) outside the home Speech Therapist's Name: Clinic/Facility's Name:	☐ telehealth ☐ in person ☐ hybrid		
Deaf/Hard-of-hearing adult provides mentoring and/or sign instruction Mentor/Instructor's Name: Program/Agency's Name:	☐ telehealth ☐ in person ☐ hybrid		
Sign language class outside the home Teacher's Name: Program's Name:	☐ telehealth ☐ in person ☐ hybrid		
Early intervention (toddler) group Interventionist/Teacher's Name: Facility/School's Name:	☐ telehealth ☐ in person ☐ hybrid		
Occupational Therapy (OT)			
Physical Therapy (PT)			
Other - describe: Program/agency:	☐ telehealth ☐ in person ☐ hybrid		

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