



**Bethlehem Central
School District**
Office of the Registrar
90 Adams Place
Delmar, NY 12054
(518) 439-7481

EAR HEALTH HISTORY

Child's Name _____ Date of Birth _____ Date _____

Parent/Guardian _____ Child's Age _____

Please help us better understand your child by answering the following questions:

1. Does your child have normal hearing (when ears are clean and healthy)? _____

2. Did your child ever have ear infections? If so, how many total? _____

Between birth to 1 year old _____ 3 to 4 years old _____

1 to 2 years old _____ 4 to 5 years old _____

2 to 3 years old _____ 5+ years old _____

How long did the ear infections last? _____

How often did they re-occur? _____

3. Has your child had myringotomies and PE tubes inserted? _____

If so, how many times and at what ages? _____

4. Has your child ever been seen by an ear, nose, and throat doctor? _____

5. Has your child ever been seen by an audiologist for hearing testing? _____

6. Has your child received speech/language therapy? _____

If so, at what ages and for how long? _____

Therapy was for: _____ articulation _____

language or other _____ (please explain) _____

7. Has your child received amplification during periods of not hearing? _____

8. Is there anything else in your child's ear health history that may be helpful in understanding your child's educational needs?

9. What concerns do you have about your child and school? _____

