COMMUNICATION SCIENCES & ORAL HEALTH
TEXAS WOMAN'S UNIVERSITY

APPLICATION FOR CHAMP CAMP 2019

Thank you for your interest in our Summer Intensive camp for Childhood Apraxia and Motor Planning (CHAMP). This information will assist in planning for the best camp experience. Please return this completed form to the above address by April 8, 2019 and include a copy of your child's most recent speech and language evaluation and objectives. A non-refundable $50.00 deposit is required with your application that will be applied to the cost of the camp.

If your child has not attended TWU before or he/she has made significant progress since we last saw him/her, we would like for you to upload a 5-10 minute video of your child communicating at home or of a speech therapy session, to give us an idea of his/her current communication skills. Upload the video to your Google drive and share it with Laura Moorer (lmoorer@twu.edu). If you do not have a Google account, upload the video on a private YouTube channel and share it with Laura using her email.

Please answer the questions as fully and accurately as possible. Many parents have found the child's baby book helpful in remembering particular dates. If you are not sure of a particular date, please write the date that you think is correct and put a question mark after it. Your family physician may also be able to provide you with some information.

All of the following information is for the confidential use of the Speech-Language and Hearing Clinic staff only.

Date: _____

Person completing this form: _____ _____
Name Relationship to child

I. REFERRAL

Who referred you to this camp? _____

Professional title and/or relationship to the child: _____

What are your concerns in the areas of hearing, speech and/or language for your child? _____

_____

_____

_____

II. IDENTIFICATION

Child's name _____ Age: _____ Date of birth: _____ Sex: _____

Address: _____ Phone: _____
Street

_____
City State Zip

Mother's name: _____ Age: _____

Address: _____ Home phone: _____
Street

_____
City State Zip

E-mail address: _____

Mother's occupation: _____ Work phone: _____

Father's name: _____ Age: _____

Address: (if different than mother's) _____
Street

_____
City State Zip

Father's occupation: _____ Work phone: _____

Highest grade completed by mother: _____ by father: _____

Are parents divorced? _____ If so, who has custody of the child? _____

If child isn't living with either biological or adoptive parent, who has legal guardianship?

_____ Relationship to child: _____

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

List Siblings	Age	Male/Female	Do they live in the home?
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐

Does anyone in the family have speech, language or hearing problems? ☐ Yes ☐ No
If yes, indicate relationship to child and explain the type of problem:

_____

_____

III. PRENATAL AND BIRTH HISTORY

During this pregnancy, did mother experience any unusual illness, condition or accident, such as

German measles, false labor, RH incompatibility, etc? ☐ Yes ☐ No If yes, describe

_____

Length of pregnancy: _____ Duration of labor: _____ Birth weight: _____

Condition at birth: ☐ Normal delivery ☐ Caesarean ☐ Breech birth

Anesthetics: ☐ Yes ☐ No Forceps: ☐ Yes ☐ No Was infant blue ☐Yes ☐ No

Jaundiced: ☐ Yes ☐ No Other unusual conditions? (If any, describe below)

_____

_____

Conditions immediately following birth:

Did infant have: ☐ Feeding problems ☐ Scars or bruises ☐ Seizures

☐ Swallowing or sucking difficulties Was birth weight regained quickly? ☐ Yes ☐ No

☐ Other (please explain) _____

_____

IV. DEVELOPMENT

When did your child:

First hold head up alone? _____

First crawl? _____

Sit alone without support? _____

Pull himself/ herself to a standing position? _____

Walk unaided? _____

Gain bowel control? _____ Bladder control? _____

Does your child prefer right or left hand? _____

Does your child fall or lose balance easily? ☐ Yes ☐ No

(If yes, please explain): _____

Does your child have (check all that apply): ☐ Fear of heights?

☐ Show fear if moved unexpectedly? ☐ Difficulty climbing up or downstairs?

Are there activities that involve fast movements and spinning that your child finds difficult? Please explain:

_____

_____

Can your child ride a bike? ☐ Yes ☐ No

Does your child seem awkward or uncoordinated? ☐ Yes ☐ No

Does you child have difficulty chewing or swallowing now? ☐ Yes ☐ No

Describe any developmental difficulties: _____

Describe any academic difficulties: (reading, math, writing, spelling) _____

_____

Additional Comments: _____

_____

V. MEDICAL

Check disease(s) your child has had, giving age and degree of severity:

√	Disease	Age	Mild, average, or severe	√	Disease	Age	Mild, average, or severe
	Allergies				Kidney Disease		
	Asthma				Measles		
	Bronchitis				Meningitis		
	Chicken Pox				Mumps		
	Colds (frequent)				Ear infections		
	Hay fever				Pneumonia		
	Headaches (frequent)				Scarlet Fever		
	Heart disease				Seizures		
	Influenza				Tonsillitis		

Other illnesses not noted above: _____

Has your child ever had a fever of 103 degrees or more lasting more than 24 hours ☐ Yes ☐ No

Or has there been changes in behavior following an illness? ☐ Yes ☐ No

If yes, please describe: _____

Has your child ever been hospitalized? ☐ Yes ☐ No If yes, when and for what reason?

_____

_____

Is your child up to date with all immunizations? ☐ Yes ☐ No If no, please explain?

_____

Has your child had a vision screening or test? ☐ Yes ☐ No Date? _____

Does your child wear glasses? ☐ Yes ☐ No

Is your child in good health at this time? ☐ Yes ☐ No State any physical challenges:

_____

Does your child sleep well? ☐Yes ☐ No Does your child eat well? ☐Yes ☐No

If no, describe_____

_____

VI. EDUCATION HISTORY

At what age did your child first start school? _____ Were any grades repeated? ☐Yes ☐No

If yes, which grades? _____ Current Teacher: _____

School attending now: _____

Please name any subjects giving your child particular difficulty: _____

_____

What are your child's usual grades?
☐ Excellent ☐ Above average ☐ Average ☐ Below average ☐ Failing

What is your child's attitude toward:

School? _____

His/her homework? _____

VII. SOCIAL

How does your child get along with other children? _____

What activities and games does your child enjoy? _____

Does your child tend to play alone or with other children? _____

What are the ages of his/her playmates?
_____

Is your child teased about his/her speech problem by others? ☐ Yes ☐ No

If "yes", please explain: _____

What is your child's reaction to his/her speech problem? _____

By whom and how is your child disciplined? _____

Is your child difficult to discipline? ☐ Yes ☐ No Explain: _____

_____

Please check the boxes which identify your child's behaviors:

☐ Excitability	☐ Temper Displays	☐ Shyness
☐ Mouth breathing	☐ Day Dreaming	☐ Thumb Sucking
☐ Sensitivity	☐ Easily Discouraged	☐ Prefers younger children
☐ Prefers older children		

Are there any other behaviors you are concerned about?

_____

VIII. HEARING HISTORY

If you suspect that your child has a hearing problem, when, how and by whom was the hearing problem first noticed? _____

_____

Has your child had a hearing examination prior to this time? ☐ Yes ☐ No If yes, when?

_____ Where? _____

Are there any indications of your child not hearing plainly? ☐ Yes ☐ No

Does your child wear a hearing aid? ☐ Yes ☐ No

IX. SPEECH AND LANGUAGE HISTORY

During your child's first 6 months, did he/she coo and babble? ☐ Yes ☐ No

During the first year did he/she make many sounds other than crying? ☐ Yes ☐ No

Other than crying, would you say your child was:

☐ A silent baby? ☐ A vocally average baby? ☐ A very noisy baby?

At what age did your child first say meaningful words? _____

What were they? _____

Did your child: ☐ Say one or two words and then go for a long time before saying other words?

Or ☐ Continuously add words once he/she started to talk?

Or ☐ Say a word and then not say it any longer?

At what age did your child begin to use words to name people and objects? _____

At what age did your child have a name for everything? _____

At what age did your child combine words into small sentences like, “want drink” or “me out?”

_____

At what age did your child combine short sentences? _____

Does your child understand what you say as well as you think he/she should? ☐ Yes ☐ No

If not, explain: _____

_____

Please describe your child’s current communication abilities? _____

_____

_____

At this time does your child talk:

☐ A great deal? ☐ An average amount? ☐ Very little?

Does your child’s talking consist mainly of:

☐ Complete sentences? ☐ Phrases? ☐ One or two words? ☐ Sounds?

How well can your child be understood by brothers, sisters, playmates?

☐ Good ☐ Sometimes ☐ Not at all

Comments: _____

By adults other than family members?

☐ Good ☐ Sometimes ☐ Not at all

Comments: _____

Has your child ever communicated better than they do now? ☐ Yes ☐ No

If “yes”, please explain:

_____

At what age did your child start receiving speech therapy? _____

At what age did your child receive a diagnosis of CAS or suspected CAS? _____

Who is your child currently seeing? _____

Please describe the setting, frequency and type of therapy your child has had to this point?

Setting (home-based, clinic, school-based, hospital etc.) _____

Frequency (30 mins 2X/wk., 20 mins 1X/wk., 60 mins 2X/Month) _____

Type (expressive language, articulation, phonology, treatment for CAS) _____

How would you rate your child’s progress in therapy up to this point? (Excellent rapid progress, good, steady but slow progress, minimal progress made)

_____

What types of techniques, strategies and cuing does your child respond the best to? _____

_____

_____

What types of activities are highly motivating to your child? _____

_____

IX. OTHER INFORMATION

Has your child had a neurological examination prior to this time? ☐ Yes ☐ No If yes, when?

_____ Where? _____

Has your child had a psychological examination prior to this time? ☐ Yes ☐ No If yes, when?

_____ Where? _____

Has your child had an educational examination prior to this time? ☐ Yes ☐ No If yes, when?

_____ Where? _____

Has your child had a recent medical examination? ☐ Yes ☐ No If yes, when? _____

_____By whom? _____

If your child has had any of the above examinations, it will be helpful if you can provide a copy of their findings to the address listed below or fax it to 940-898-2276.

If there is any additional information which you feel will help us to understand your child better, please describe:

_____

_____

_____

Please include a copy of your child's most recent speech and language evaluation and objectives with this paper work. If your child has not been previously seen at the TWU Speech-Language and Hearing clinic or has made significant progress since he/she was seen, please share a short video clip (5-10 mins) of your child communicating at home or talking with his/her speech therapist. See page 1 for instructions for uploading a video.

Does your child need a current evaluation to differentially diagnose Childhood Apraxia of Speech?

☐ Yes ☐ No

If interested in having a full evaluation at the TWU Clinic, please provide the best contact information and we will call to set up an appointment.

Name _____ Phone # _____

Please complete the additional authorization forms that are attached below. Once we have received this packet in our office, it will be evaluated and we will let you know by April 19th regarding attending CHAMP camp.

_____ _____

Signature Date

Thank you for your interest in our Speech-Language-Hearing Program at Texas Woman's University. If you have any questions, please call (940) 898-2285. You may mail this completed packet to the address below, or you may fax it to 940-898-2276, or email it to mzamoracalderon@twu.edu.

Mail to:
Texas Woman's University
Speech, Language and Hearing Clinic
P.O. Box 425737
Denton, Texas 76204
Attn: Marisa Zamora-Calderón