Dear Prospective LEAP Parent,

Thank you for your interest in the Language-Learning Early Advantage Program (LEAP) Preschool in the Department of Hearing and Speech Sciences at the University of Maryland. In order to apply for enrollment to LEAP and/or to be placed on the waiting list, please complete the case history form (attached) and return it to me along with a comprehensive speech-language evaluation report that is no more than 6 months old at the time of application. If you have additional diagnostic reports from related professionals (e.g., psychologist, occupational therapist, special educator), those may be provided as well. No fee is charged at the time of application; however, a $25 application fee will be collected once you are invited to visit the classroom.

After review of the application, I or my graduate assistant will contact you to set up a family visit when a spot appears to be coming available. If, prior to the family visit, your child appears not to be appropriate for our program (based on the application information and/or evaluation reports included with your application), you will be contacted.

The family visit lasts between 30 and 60 minutes and occurs when class is not in session. This allows you and your child a chance to see the LEAP classroom and allows your child the chance to play in the room without being inhibited by the busy group of enrolled LEAPsters. It also allows time for me to answer your questions and to talk about the structure of LEAP. Based on our conversation during that time and on observations of and interactions with your child, a determination will be made whether your child is an appropriate fit for the program. You will be notified either during the visit or within a week or so following the visit and will be granted a period of 7-10 days in order to decide whether to accept the offer of enrollment.

The final step in the application process is submitting a deposit ($150 for summer session & $300 for fall/spring) and signing the LEAP contract. The deposit will be deducted from the cost of tuition at the time the tuition balance is submitted.

LEAP is a very special program with a mission of training speech-language pathology graduate and undergraduate students and providing speech and language services in a language rich preschool environment. The Maryland Association of Higher Education awarded LEAP the Distinguished Program Award in 1997 for LEAP’s contribution to Maryland’s communication-impaired children and for training. In April 2002 LEAP was selected as a model preschool reading program by the American Speech-Language-Hearing Association (ASHA).

We accept children who demonstrate a speech and/or language disorder in the absence of other significant developmental conditions and who are daytime potty trained. We reserve the right to accept children on the basis of the clinical needs of our students and not necessarily in the order the applications were received. However, we do attempt to contact families in order as much as possible. Please assist us in being as fair as possible by replying promptly to offers for a classroom visit.

Again, thank you for your interest in LEAP. Feel free to contact me with any additional questions.

Sincerely yours,

Rebecca Lower, M.Ed., CCC-SLP
LEAP Preschool Director
Certified & Licensed Speech-Language Pathologist
ralower@umd.edu
Ph: (301) 405-4228
Fax: (301) 314-2023
Thank you for your interest in the Language-Learning Early Advantage Program (LEAP) Preschool in the Department of Hearing and Speech Sciences at the University of Maryland. Please complete this case history form and return to me along with any diagnostic and therapeutic reports you have concerning your child. These may include reports from a speech-language pathologist, a psychologist, an occupational therapist, a special educator, and the like. A $25.00 application fee payable to University of Maryland, notation LEAP application fee, will be collected when we schedule you and your child for a visit to LEAP. Please do not send the fee with the application packet.

Case History

Date ____________

I. ROUTINE INFORMATION

Name of child: ______________________________  Birthdate: __________________________
Gender of child: Male/Female
Nickname, if any: ___________________________ Phone: ____________________________

Of what ethnic/racial group do you consider the child a member: ________________________
(for research purposes only)

Name of person filling out form: _____________________________________________________

Relation to child: ________________________________________________________________

Why are you interested in having your child attend this program? ________________________
_____________________________________________________________________________
_____________________________________________________________________________

How did you hear about the program? ______________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

For which semester are you applying?  Fall 201___  Spring 201___  Summer 201___

II. PRESENT SPEECH, LANGUAGE, AND HEARING STATUS

Does your child understand what you say to her/him? Y / N  If not, describe his/her reaction to what you say:

_____________________________________________________________________________
_____________________________________________________________________________
Does your child have trouble understanding other people? Y / N
Explain: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Do you know why your child does not understand? Y / N
Explain: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Are your child’s responses to sound in the home (doorbell, phone, etc.) consistent? Y / N
Explain: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Has your child ever had his/her hearing tested (including Newborn Hearing Screening)? If so, when and where? What were the results? ________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Do you suspect a hearing loss? Y / N
Explain: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Does your child attempt to talk? Y / N
Is your child’s speech understood by parents? Y / N siblings? Y / N strangers? Y / N
What is your child’s behavior when s/he is not understood? ___________________________
_____________________________________________________________________________
_____________________________________________________________________________
When you do not understand your child’s speech, what does s/he do to express her/himself?
_____________________________________________________________________________
_____________________________________________________________________________
If your child does talk, does s/he say as much as most children her/his age? Y / N
Give an example of a sentence your child would say: ________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Does your child speak (pronounce sounds) as well as most children his/her age? Y / N
Does your child make some sounds incorrectly? Y / N
If so, which ones? __________________________________________________________________
_____________________________________________________________________________
Does your child have trouble pronouncing specific words? Y / N
List some:________________________
_____________________________________________________________________________
_____________________________________________________________________________
Select one skill in each column that best describes your child:

  _____ responds only to loud sounds   _____ makes no vocal sounds
  _____ responds only to sound in the home   _____ babbles only
  _____ understands single words   _____ uses only gestures
  _____ understands simple sentences   _____ says single words
_____ understands complex directions  
_____ speaks in simple sentences & sentences (e.g., “Go upstairs and get your shoes.”)  
_____ uses long adult-like sentences

Does your child’s speech include hesitations or repetitions of sounds and words? Y / N
If so, how often does it happen?

When did you first notice this behavior? ________
Do you consider your child’s speech: too fast? Y / N too slow? Y / N

Do you notice anything unusual about your child’s voice? Y / N
If so, explain: ____________________________________________________________

Are there any physical causes, you know of, for any of the above answers? Y / N
If so, explain: ____________________________________________________________

III. DEVELOPMENTAL HISTORY

A. Birth History
What was the mother’s condition during pregnancy? __________________________

Check those that describe your child’s delivery: _____ normal  ____ prolonged
____ Premature    ____ Caesarian    ____ instruments used

Was there any evidence of injury at birth? Y / N
Explain: ________________________________________________________________

Was there any evidence of weakness or poor health at birth? Y/N
Explain: ________________________________________________________________

Did your child have difficulty breathing at birth? Y / N
Explain: ________________________________________________________________

What was your child’s birth weight? _________

B. Growth
During infancy how long was your child breast fed? _________ Bottle fed? _________

Did your child ever have a feeding problem? Y / N  If so, at what age? _________
How severe? ____________________________________________________________

Age of teething: ____________  Present weight : _______________________

Has your child increased in height normally?  Y / N

C. Locomotion
Age of sitting up: ____________ creeping: ____________ walking: ____________

Does your child seem to have normal coordination for his/her age? Y / N
If not, describe: __________________________________________________________
Which hand does your child favor? ______________________

D. Speech & Language Development
Did your child coo and babble during the first ten months? Y / N
At what age did your child use single words meaningfully? __________
At what age did s/he use short sentences meaningfully? ____________

E. Social Development
Does your child have opportunities to play with other children? Y / N
What ages? _______________ How many? _______________
Does your child prefer to play alone or with other children? ______________
What are your child’s favorite play activities? ______________________________________
___________________________________________________________________________

What are your child’s favorite toys? ______________________________________________
________________________________________________________________________________

Does your child enjoy books? Y / N If so, list some of your child’s favorite titles: ________
____________________________________________________________________________
____________________________________________________________________________

How many hours a day does your child spend watching TV, if any? __________
What are some of your child’s favorite TV shows? ______________________________________
____________________________________________________________________________
____________________________________________________________________________

At what age did you child start self-feeding? ____________ self-dressing? ____________
caring for self at toilet? ______________

Does your child present any special behavior problems? Y / N
If so, explain: __________________________________________________________________
____________________________________________________________________________

How do you handle them? ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Check all of the following which describe your child:
____ Friendly  ____ Unresponsive  ____ Talkative  ____ Bites nails
____ Tense  ____ Aggressive  ____ Shy  ____ Stubborn
____ Happy  ____ Cooperative  ____ Sensitive  ____ Quiet

Has your child been diagnosed with any developmental disorder? Y / N If yes, please explain.
____________________________________________________________________________
IV. MEDICAL HISTORY

A. List any diseases, age, severity and their effects:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age</th>
<th>Severity</th>
<th>Effects</th>
</tr>
</thead>
</table>

B. List any serious injuries, age, severity and effects:

<table>
<thead>
<tr>
<th>Injury</th>
<th>Age</th>
<th>Severity</th>
<th>Effects</th>
</tr>
</thead>
</table>

C. Has your child ever sustained injury to his/her head?

<table>
<thead>
<tr>
<th>Injury</th>
<th>Age</th>
<th>Severity</th>
<th>Effects</th>
</tr>
</thead>
</table>

D. List any operations, age, severity and effects:

<table>
<thead>
<tr>
<th>Operation</th>
<th>Age</th>
<th>Severity</th>
<th>Effects</th>
</tr>
</thead>
</table>

E. Name and address of child’s present physician: ________________________________________________

________________________________________________________________________

Does your child have any allergies or dietary restrictions? Y / N
If so, please explain: ______________________________________________________

________________________________________________________________________

Is your child presently on any medications? Y / N
If so, please list medication(s) and reason(s) for taking:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

V. SPEECH, LANGUAGE & HEARING HISTORY

A. Has your child had a history of ear infections from birth to 2 years of age? Y / N
If so, how many infections in that time? ___________
How were they treated? __________________________________

________________________________________________________________________

B. Has your child ever been identified as having a hearing loss? Y / N
If so, how was the loss characterized? _______________________
When was it identified and by whom? _______________________
How has the loss been treated? _______________________

________________________________________________________________________

C. Has your child ever received an evaluation or therapy for speech/language? Y / N
If so, please supply the following information regarding evaluations or therapy. Also, please attach to this form any copies of reports that you may have.

| Name & Address | Dates & Frequency of Visits | Service Received |
VI. DAY CARE & EDUCATIONAL HISTORY

A. Please complete all of the following that apply:

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Age entered</th>
<th>Service Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Has your child exhibited any significant behavior difficulties at any time in group activities? Y / N

If so, please explain: _________________________________________________________

In what recreational activities does your child participate? ______________________

VII. ENVIRONMENTAL HISTORY

A. Family

<table>
<thead>
<tr>
<th>Parent</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Country of birth:</td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td></td>
</tr>
</tbody>
</table>

Names & Ages of Child’s Siblings:
Does anyone else live in your home? __________________________________________

Any other information you wish to share?

________________________________________________

________________________________________________

________________________________________________