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 available. If, prior to the family visit, our program does not appear to be the best fit for your child (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 in session. This visit allows you and your child a chance to see the LEAP classroom and allows your child the chance to experience a portion of a typical day in LEAP. 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,

José Ortiz, M.A., CCC-SLP
LEAP Preschool Director
Certified & Licensed Speech-Language Pathologist
hesp-leapadmin@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 it 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
______responds only to sound in the home
______understands single words
______understands simple sentences
______understands complex directions
& sentences (e.g., “Go upstairs and get your shoes.”)
______makes no vocal sounds
______babbles only
______uses only gestures
______says single words
______speaks in simple sentences
______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? ______________________

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: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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>
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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:

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<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.

<table>
<thead>
<tr>
<th>Name &amp; Address</th>
<th>Dates &amp; Frequency of Visits</th>
<th>Service Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________________________</td>
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1. ___________________________________________________________
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>
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</table>

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

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

Any other information you wish to share?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________