

The University of Texas Rio Grande Valley
College of Health Affairs
Department of Communication Sciences and Disorders

CHILD CASE HISTORY
ENGLISH

Speech and Hearing Center
Forms and Policies

Speech & Hearing Center

HSBW 1.206
1201 West University Drive
Edinburg, Texas 78539-2999
(956) 665-3587

utrgv.edu

UTRGV SPEECH AND HEARING CENTER PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be disclosed to other healthcare providers for the purpose of providing you with a continuum of quality.
- Your confidential healthcare information may be disclosed to your insurance provider for the purpose of receiving payment for providing you with healthcare.
- Your confidential healthcare information may be disclosed to public officials or law enforcement agencies in an investigation in which you are victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be disclosed to other healthcare professionals in the case of a healthcare emergency.
- Your confidential healthcare information may be disclosed to public health organizations in the matter of communicable diseases, defective devices, or a food or medication reaction.
- Your confidential healthcare information cannot be disclosed for purposes other than those, which are outlined in this notice.
- Your confidential healthcare information may only be disclosed after receiving written authorization from you. You have the right to revoke your permission to disclose confidential healthcare information at any time.
- You may be contacted by the office personnel to remind you of appointments, healthcare treatment options or other health services that may be of interest to you.
- You have the right to restrict the use and disclosure of your confidential healthcare information to family members, friends, or others involved in your healthcare or payment for health care services. However, this office may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of a medical emergency.
- You have the right to receive confidential communication about your healthcare status.
- You have the right to review and request a copy of any and/or all portions of your healthcare information.
- You have the right to request changes be made to your healthcare information.
- You have the right to know who has obtained your confidential healthcare information and for what reason.
- You have the right to have a copy of this Privacy Notice upon request.
- This office is required by law to protect the privacy of its patients.
- This office will abide by terms of this notice. We reserve the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to the Privacy Officer of this office and to the Secretary of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to: ATTN: Privacy Officer, UTRGV Speech and Hearing Center, University of Texas Rio Grande Valley, 1201 W. University Dr. Edinburg, Texas 78539-2999.
- All complaints will be investigated. No personal issue will be raised for filing complaint with this office.
- For further information about this Privacy Notice, please contact the Privacy Officer at (956) 665-3587.



The University of Texas Rio Grande Valley
Notice of Non-Discrimination

Title IX of the U.S. Department of Education’s Education Amendments of 1972 (“Title IX”) prohibits discrimination on the basis of sex/gender in any aspect of a federally funded education program or activity. Such discrimination includes, but is not limited to: sexual harassment, sexual violence, sex or gender-based bullying, hazing, stalking, domestic violence, dating violence, and failure to provide equal opportunity in admissions, activities, employment and/or athletics.

As a recipient of federal funds, The University of Texas Rio Grande Valley (UTRGV) complies with Title IX and has designated a Title IX Coordinator to oversee all complaints of sex discrimination. The Title IX Coordinator is responsible for identifying and addressing any patterns or systemic problems that arise during the review of such complaints. Additionally, other responsibilities include the coordination of training, education, and communications regarding Title IX procedures for the University community.

Title IX Deputies receive and process Title IX complaints; respond to inquiries from students, staff, and faculty regarding their rights and responsibilities; and assist the Title IX Coordinator in oversight and implementation of the Title IX compliance efforts.

UTRGV has designated the following individuals to serve as the Title IX Coordinator and Deputy Coordinators:

Role	Name	Position Title	Dept. Location	Contact Info
Title IX Coordinator:	Alicia G. Morley	Director, Office of Institutional Equity	Office of Legal Affairs SSBL 3.101 - Edinburg Campus	956-665-2103 alicia.morley@utrgv.edu
Deputy Coordinator: Students	Douglas Stoves	Associate Dean for Student Rights and Responsibilities	Student Rights and Responsibilities Cortez Hall #204 – Brownsville Campus	956- 882-7196 douglas.stoves@utrgv.edu
Assistant Deputy Coordinator: Students	David Marquez	Assistant Director for Student Rights and Responsibilities	Student Rights and Responsibilities Cortez Hall #211 – Brownsville Campus	956-882-5034 david.marquez@utrgv.edu
Deputy Coordinator: Athletics	Farrah Manthei	Associate Athletic Director for Administration/SWA	Athletics HPE1 1.102 - Edinburg Campus	956-665-2919 farrah.manthei@utrgv.edu
Deputy Coordinator: Staff & Faculty	Florence R. Nocar	Employee Relations Manager	Human Resources MASS 2.140 - Edinburg Campus	956-665-3020 florence.nocar@utrgv.edu

Students, Staff, Faculty, or Applicants for Admission or Employment who believe that he or she has been discriminated against on the basis of sex, may file a complaint with the Title IX Coordinator or a Deputy Coordinator. The Title IX Coordinator or Deputy Coordinator will assist the individual in identifying the appropriate University policy and corresponding grievance procedure to resolve the complaint in a prompt and equitable manner.

Sexual Violence

To file a complaint of sexual violence, please contact the Title IX Coordinator or a Deputy Coordinator listed in the table above, depending upon whom the complaint is against. In addition, you may also contact:

The University of Texas Rio Grande Valley Police Department
Non-Emergency: (956) 665-7151 or (956) 882-8232

Emergency: 911
Online: www.utrgv.edu/reportit

Inquiries

Inquiries about Title IX and UTRGV’s compliance may also be directed to:

Office of Civil Rights – U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202
Hotline: (800) 421-3481
TDD#: (800) 521-2172
Email: OCR@ed.gov
Web: <http://www.ed.gov/ocr>

In Case of an Emergency

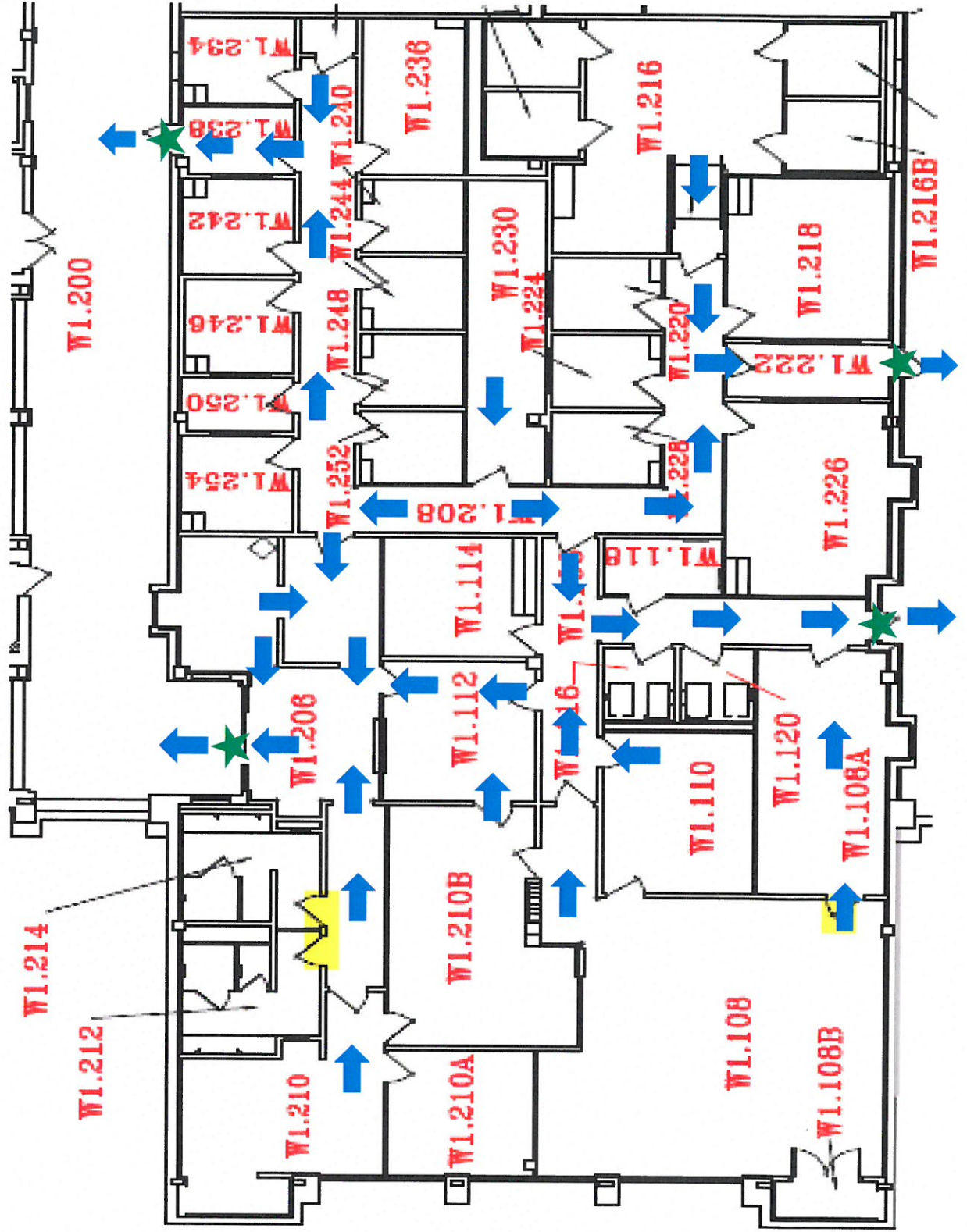
Campus Contacts

- University Police • (956) 665-7151
- Emergency Information Updates • (956) 665-SAFE(7233)
- Environmental Health, Safety & Risk Management • (956) 665-3690
- Dean of Students Office • (956) 665-2260
- Health Services • (956) 665-2511
- Residence Life • (956) 665-3439

In Case of Fire Drill or Actual Fire

- A fire drill is a method of practicing the evacuation of a building for a fire or other emergency. If this situation were to occur, the entire occupants of Health Sciences West and East have to vacate the building during the fire or fire drill. Evacuation assistants of HS West and East are familiar with the procedure during the fire/fire drill.

UTRGV SPEECH & HEARING CENTER EVACUATION PLAN



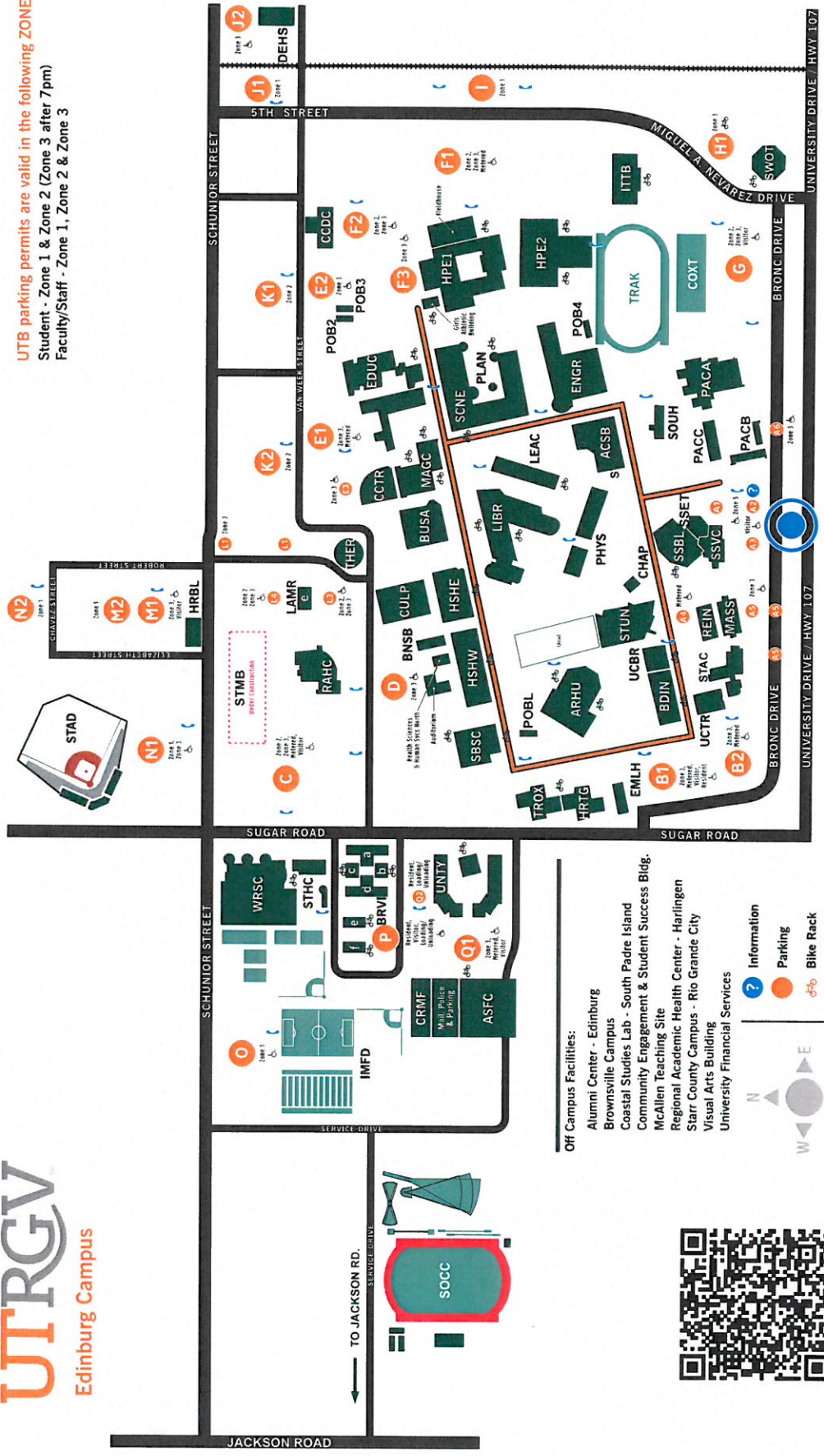
Exits are marked by the ★

All vehicles parked on campus must be registered with the UTRGV Police Department and must properly display an appropriate permit.

ACSB - Academic Services	EMLH - Emilia Schunior Ramirez Hall	MASS - Marialice Shary Shivers Building	SCNE - Science
ASFC - Academic Support Facility	ENGR - Engineering	MAGC - Mathematics & General Classrooms	SBSC - Social & Behavioral Sciences
ARHU - Arts & Humanities	HPE1 - Health & Physical Education I	COXT - Performing Arts Complex	SWOT - Social Work & Occupational Therapy
UCBR - Ballroom	HPE2 - Health & Physical Education II	PACA - Performing Arts Complex B	SOUH - Southwick Hall
STAD - Baseball Stadium	HSHE - Health Sciences & Human Svcs East	PACB - Performing Arts Complex C	STMB - South Texas Medical Academic Building
BNSB - Behavioral Neurosciences	HSHW - Health Sciences & Human Svcs West	PACC - Physical Science	STAC - Student Academic Center
BDIN - Bronc Dining Hall	Auditorium	PLAN - Planetarium	STHC - Student Health Center
BRVI - Bronc Village	HRHG - Heritage Hall	POBL - Portable Building 1	SSBL - Student Services Building
BUSA - Business Administration	HRBL - Auditors / OCISO	POB2 - Portable Building 2	SSST - Student Services Executive Tower
CULP - Central Utility Plant	IMFD - Intramural Fields	POB3 - Portable Building 3	STUN - Student Union
CHAP - Chapel	ITTB - International Trade & Technology/ITT	POB4 - Portable Building 4	THER - Thermal Storage Tank
CCDC - Child Development Center	LAMR - E - Temp Music Bldg	RAHC - Regional Academic Health Center	TRAK - Track & Soccer Field
TROX - Darrel Troxel Hall	LIBR - Library	REIN - Research & Innovation	UCTR - Unity Hall
DEHS - Dept. of Environmental Health & Safety	WRSC - Bookstore	CRMF - Rio Grande Center for Manufacturing	UCR - Visitors Center
EDUC - Education Complex			WRSC - Wellness & Recreational Sports Complex



UTB parking permits are valid in the following ZONES:
 Student - Zone 1 & Zone 2 (Zone 3 after 7pm)
 Faculty/Staff - Zone 1, Zone 2 & Zone 3



- Off Campus Facilities:**
- Alumni Center - Edinburg
 - Brownsville Campus
 - Coastal Studies Lab - South Padre Island
 - Community Engagement & Student Success Bldg.
 - McAllen Teaching Site
 - Regional Academic Health Center - Harlingen
 - Starr County Campus - Rio Grande City
 - Visual Arts Building
 - University Financial Services

Information ?

Parking

Bike Rack

E-Phone

Bronc Trail



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

Communication Sciences and Disorders - Speech and Hearing Center

Speech/Language Case History: CHILD

Date: _____

Home Language Use:

1. First Language Learned. _____
2. Language most frequently used by the child at home. _____
3. Language most frequently used by parents. _____
4. Language most frequently used by other family members. _____

I. IDENTIFYING INFORMATION:

Name of Child: _____ Birth Date: _____
First M.I. Last

Home Address: _____
Street City/State Zip Phone Number

Name of person filling out this questionnaire: _____

Relationship to Child: _____

Parents:	Name	Age	Occupation	Education
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____

Siblings:	Name	Sex	Age	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who referred you to UTPA Speech and Hearing Center? _____

Child's Doctor: Name: _____
 Address: _____
 Phone Number: _____

II. STATEMENT OF THE PROBLEM:

Describe in your own words your child's speech, language, and/or hearing problem:

When was the problem first noticed? _____

Who noticed the problem? _____

What changes in your child's language and/or speech have you noticed since that time?

Have you ever sought professional advice about your child's speech or language before? Yes No

Describe: _____

Check the items that apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> 1. Avoids speaking in school. | <input type="checkbox"/> 5. Avoids speaking to adults. |
| <input type="checkbox"/> 2. Avoids speaking in play situations. | <input type="checkbox"/> 6. Avoids saying certain words. |
| <input type="checkbox"/> 3. Avoids speaking at home. | <input type="checkbox"/> 7. Cries when unable to communicate. |
| <input type="checkbox"/> 4. Avoids speaking to children. | <input type="checkbox"/> 8. Becomes aggressive when unable to communicate. |

Have any relatives had speech and/or language problems? Yes No

Describe: _____

III. SPEECH, LANGUAGE AND HEARING DEVELOPMENT:

Did the child make babbling or cooing sounds during the first six months of life?

At what age did the child say his or her first word? _____

Did the child keep adding words once he/she started to talk? _____

At what age did the child begin using 2-and 3- word sentences? _____

Did speech learning ever seem to stop for a period of time? _____

Does the child talk frequently? _____ Occasionally? _____ Never? _____

Does the child prefer to talk? _____ Gesture? _____ Talk and gesture? _____

Does the child most frequently use sounds? _____ Single words? _____

2-words sentences? _____ 3-words sentences? _____

More than 3-word sentences? _____ For example: _____

Does your child make sounds incorrectly? _____

If so which ones? _____

Does your child hesitate, "get stuck", repeat or stutter on sounds or words? _____

If so describe? _____

Can he/she be understood by parents? _____
 Sisters/Brothers? _____ Strangers/Relatives? _____ Friends? _____
 Does the child understand what you say to him/her? _____
 Can he/she follow simple commands? _____ For example: _____
 Will he/she get common objects when asked to do so? _____
 Does your child ever have trouble remembering what you have told him/her? _____
 When does this seem to happen? _____

IV. DEVELOPMENTAL HISTORY:

This child is biological _____ Foster _____ Adopted _____
 How many pregnancies has the mother had? _____ Which pregnancy was this child? _____
 Has the mother had miscarriages? _____ Which pregnancy? _____
 Stillbirths? _____ Which pregnancy? _____
 Mother's age at the time of this pregnancy? _____
 Any medical problems before this pregnancy? _____ If yes, please describe: _____

Did mother have any of the following during the pregnancy?
 German measles _____ Toxemia _____ Accidents/Injuries _____
 Kidney Infection _____ Anemia _____
 Please describe, including medical attention: _____

Did the mother take any prescription/nonprescription medication during pregnancy? _____

What kinds? _____

Was child full term? _____ Premature? _____ Months? _____
 Was delivery normal? _____ Length of hard labor? _____
 Were forceps used? _____ Caesarian? _____

Was mother given any drugs during labor and delivery? _____

How long were mother and child in the hospital? _____

Child's weight at birth? _____ Any birth injuries? _____

Was the child and Rh baby? _____ Blue baby? _____

Did the child require oxygen? _____

Did child receive special medication or treatment at birth? _____

Did infant have feeding problems? _____

Seizures? _____ Convulsions? _____

Weight after one year: _____ Present weight: _____

Give ages at which the following first occurred:

Held head up _____ Sat unsupported _____ Crawled _____

Reached for and object _____ Stood _____ Walked unaided _____

Ran _____ First tooth erupted _____

Bladder trained _____ Bowel trained _____

Night trained _____

Which hand does the child use more frequently? Right _____ Left _____

No preference _____

Has any attempt been made to change which hand the child uses? Yes No

V. MEDICAL HISTORY:

	Yes	No	Age
Adenoidectomy			
Allergies			
Asthma			
Blood disease			
Cataracts			
Chickenpox			
Chronic colds			
Convulsions			
Crossed-eyed			
Croup			
Dental problems			
Diphtheria			
Earaches			
Ear infection			
Encephalitis			
Headaches			
Head injuries			

	Yes	No	Age
Heart problems			
High fevers			
Influenza			
Mastoidectomy			
Measles			
Meningitis			
Mumps			
Muscle disorder			
Nerve disorder			
Orthodontia			
Pneumonia			
Polio			
Rheumatic fever			
Scarlet fever			
Tonsillectomy			
Tonsillitis			
Whooping cough			

Describe any other illnesses, accidents, injuries, operation, and hospitalizations of the child and the age it occurred: _____

Describe: _____

Is the child's health good? _____ Fair? _____ Poor? _____

Is the child now under medical treatment or on medication? Yes No

Date of last physical exam: _____ Doctor: _____

Results: _____

Date of last vision test: _____ Doctor: _____

Results: _____

Date of the last hearing test: _____ Doctor: _____

Results: _____

Did/does the child wear a hearing aid? _____ Glasses? _____

Explain: _____

Dates of other medical examinations: _____

Doctor: _____ Results: _____

VI. EDUCATIONAL HISTORY:

Does your child attend: Day Care: _____ Nursery: _____

Kindergarten: _____ Grade School: _____

School Name	Grade/Level
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Indicate your child's overall level of performance in school: Below Average: _____ Average: _____ Above Average: _____

What are the child's best subjects? _____

His/her most difficult subjects? _____

Does the child receive any special services or help at school? _____

Has he/she repeated a grade? _____ If so, which one(s)? _____

What is your impression of your child's learning abilities? _____

Describe any speech, language, hearing, psychological, and special education services that your child has received:

AUTHORIZATION TO RECEIVE SERVICES

I hereby authorize the University of Texas Rio Grande Valley Speech and Hearing Center to provide any speech/language/hearing evaluations and or speech therapy services deemed necessary to

_____ Client's Name

_____ Date of Birth

I understand that all evaluations and therapy services will be provided by the University of Texas Rio Grande Valley Communication Sciences and Disorders students, who will be supervised by certified and state licensed faculty/clinical supervisors.

I also understand that _____ will be observed by students enrolled in Communications Disorders courses.
Client's Name

_____ Signature of Parent/Guardian

_____ Date

THIS AUTHORIZATION IS VALID UNTIL REVOKED IN WRITING.

Signature of Legal Guardian: _____

Date _____

Relationship to Client: _____

Client: _____
(if of legal age)

Date: _____

Witness: _____

Date: _____

Print Name: _____

Guidelines Policy

We are pleased that you have chosen the University of Texas Rio Grande Valley Speech and Hearing Center to address your communication needs. We hope that you feel comfortable here and that you will let us know if there is anything we can do to serve you.

Since the Speech and Hearing Center provides services to many different people from the university as well as the community at large, we request that the following guidelines be observed and followed:

1. Please check in with clinical staff immediately upon arrival.
2. Service fees will be due at the time of your scheduled appointment. Clients with a balance cannot be seen until payment is made in full.
3. If there is a change in address or telephone number(s), please notify the Clinic Secretary to update your information.
4. All diagnostic and therapy sessions will be video recorded. These recordings will be used by faculty and clinical supervisors in the Communication Sciences and Disorders Program for instructional/education purposes **ONLY**.
5. Respect the confidentiality rights of others. If using the observation corridor, observe only your family member. Headsets are provided for your convenience.
6. A waiting room is provided in which parents and siblings may wait while clients are in therapy. Parents are asked to keep their children under their personal supervision in the waiting room. Children are **NOT ALLOWED** in the observation rooms.
7. Cell phone use is permitted in the waiting room but is **NOT ALLOWED** beyond the waiting room.
8. Please do not eat or drink in the Speech and Hearing Center's waiting area or in the observation hallway. Please keep area clean for other clients. Your cooperation is greatly appreciated.
9. **For your child's protection, please remain in the Speech and Hearing Center until the session is completed. In the event that there is an emergency involving your child, a parent/guardian must be immediately available. Failure to remain in the clinic could result with discharging the client.**

We greatly appreciate your understanding and cooperation with this policy. If you have any questions, please ask.

My signature below indicates that I have read and understand the above stated policy.

Client/Parent/Legal Guardian Signature

Date

Speech & Hearing Center

HSBW 1.206
1201 West University Drive
Edinburg, Texas 78539-2999
(956) 665-3587

utrgv.edu

Rev. 9/2015

No Call / No Show Policy

Your appointment is important to us and to your health. If you miss an appointment, you will be delaying treatment and will possibly wait longer for your next appointment date. In order to provide you with outstanding service, your cooperation is required.

If you must change your appointment, it is your responsibility to contact the Speech and Hearing Center (956-665-3587) at least 24 hours in advance. **If the Speech and Hearing Center does not receive a cancellation call, services will still be billed regardless of whether services were actually rendered.**

Policy

1. If you do not call and cancel your appointment, services will still be charged and will be due at the time of the next scheduled appointment.
2. Charges must be paid before you or your child can be seen again.
3. If you fail to keep an appointment without notifying the Speech and Hearing Center in advance on two (2) occasions, consecutive or otherwise, you or your child will be removed from the schedule and your appointment will be offered to another client.
4. **If you are more than 15 minutes late, you will not be seen.**

Please call and cancel to avoid additional fees and/or being dropped from services. We greatly appreciate your understanding and cooperation with this policy. If you have any questions, please ask.

My signature below indicates that I have read and understand the above stated policy.

Client/Parent/Legal Guardian Signature

Date

Voluntary Questionnaire Related to Veteran Status

Please read each statement below and check the appropriate box.

Your response to this questionnaire below is totally voluntary. Any information you provide will be kept confidential and the disclosure or refusal to provide this information will not subject you to any adverse action. If you have any concerns or questions about responding to the questionnaire, please call Rebecca De La Garza at (956) 665-5369.

1. Is ***the client*** a veteran of the U. S. Armed Forces?

[You are a veteran if you: {1} have engaged in active duty for a period of more than 180 days (including basic training) in the U. S. Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard) or are a National Guard or Reserve enlistee who was called to active duty for other than state or training purposes, or were a cadet or midshipman at one of the service academies, and {2} were released under a condition other than dishonorable.]

Yes

No

2. Is ***the client*** the spouse/surviving spouse, dependent child or orphan of a veteran?

Yes

No

Client Name

Client/Parent/Legal Guardian Signature

Date