Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

INFORMED CONSENT

I have requested Auditory Integration Training (AIT) for my child through Innovative Hearing Services of Berkley, Michigan. I understand that the benefits from AIT may vary considerably from child to child and that there are no guarantees my child will benefit from AIT. Goals were discussed with Cindy Wilson.

I understand that my son/daughter may experience physical side effects such as headaches, nausea, upset stomach, and changes in sleep habits. I also understand that my son/daughter may exhibit behavior problems such as aggression towards others, self-aggression, hyperactivity, severe agitation, tantrums or other behaviors associated with my child's fatigue. In addition, I understand that my son/daughter may experience other physical and/or behavioral effects not listed above. Physical and/or behavioral effects may occur any time during the ten days of auditory integration training and/or after AIT is completed. I agree that if my son/daughter should experience physical and/or behavioral problems at any time during or after the ten days of auditory integration training, I will not hold responsible Cindy Bazell Wilson, Innovative Hearing Services or any other person(s) associated with Innovative Hearing Services Inc.

____
Parent Signature & Phone Number

____
Please Print Name

____
Please Print Child's Name & Birth Date

____
Date

Consultations ● Auditory Processing Evaluations ● Hearing Aids ● Assistive Listening Devices

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax

www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

TRAINING AGREEMENT

I agree to enroll my child, ____ in Auditory Integration Training (AIT). I understand the training will usually occur on five consecutive days for two weeks (a total of ten days) and that the sessions will be two thirty-minute segments per day for a total of twenty sessions.

For this training, I agree to pay a total of $1500.00. I understand that I must pay a $500.00 deposit to reserve my scheduled appointments and that the balance of $1000.00 must be paid in full on the first scheduled day of training. I understand that the initial audiological evaluation is billed separately from the fee for AIT. The mid-point and final audiological evaluations are included in the AIT fee.

A cancellation fee of $100.00 will be deducted from my deposit if notification is less than one week prior to the first scheduled appointment.

Innovative Hearing Services will be happy to reschedule appointments without penalty.

____
Parent Signature & Phone Number

____
Please Print Name

____
Relationship to Patient

____
Date

Please sign the agreement and return it along with your $500.00 deposit.

Consultations ● Auditory Processing Evaluations ● Hearing Aids ● Assistive Listening Devices

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax
www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

BEHAVIOR PROFILE

Participant's Name ______________________________ Age ___________

Instructions: Read each item below carefully and decide how much you think your son/daughter has been bothered by this problem.

Rating Scale:

1 = Not At All 2 = Just A Little 3 = Pretty Much 4 = Very Much

Problems of Eating

1 2 3 4 (1) Picky and finicky
1 2 3 4 (2) Will not eat enough
1 2 3 4 (3) Overweight

Problems of Sleep

1 2 3 4 (4) Restless
1 2 3 4 (5) Nightmares
1 2 3 4 (6) Awakens at night
1 2 3 4 (7) Wanders at night
1 2 3 4 (8) Cannot fall asleep

Fears and Worries

1 2 3 4 (9) Afraid of new situations
1 2 3 4 (10) Afraid of people
1 2 3 4 (11) Worries about being alone
1 2 3 4 (12) Worries about illness and death

Muscular Tension

1 2 3 4 (13) Gets still and rigid
1 2 3 4 (14) Twitches, jerks, etc.
1 2 3 4 (15) Shakes

Communication Problems

1 2 3 4 (16) Is non-verbal
1 2 3 4 (17) Echolalia
1 2 3 4 (18) Inappropriate laughing
1 2 3 4 (19) Poor eye contact
1 2 3 4 (20) Has difficulty understanding others
1 2 3 4 (21) Hard to understand
1 2 3 4 (22) Stutters

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

Wetting

1 2 3 4 (23) Bed wetting
1 2 3 4 (24) Runs to bathroom constantly

Bowel Problems

1 2 3 4 (25) Soils self
1 2 3 4 (26) Holds back bowel movements

Complains of following symptoms even though doctor can find nothing wrong

1 2 3 4 (27) Headaches
1 2 3 4 (28) Stomach aches
1 2 3 4 (29) Vomiting
1 2 3 4 (30) Aches and pains
1 2 3 4 (31) Loose bowels
1 2 3 4 (32) Painful hearing

Problems of Sucking, Chewing or Picking

1 2 3 4 (33) Sucks thumb
1 2 3 4 (34) Bites or picks nails
1 2 3 4 (35) Chews on clothes, blankets or others
1 2 3 4 (36) Picks at things such as hair, clothing, etc.

Childish or Immature

1 2 3 4 (37) Does not act his/her age
1 2 3 4 (38) Cries easily
1 2 3 4 (39) Wants help doing things he/she should be doing alone
1 2 3 4 (40) Clings to parents or other adults
1 2 3 4 (41) Uses baby talk

Trouble with Feelings

1 2 3 4 (42) Keeps anger to self
1 2 3 4 (43) Lets him/herself get pushed around by other children
1 2 3 4 (44) Unhappy
1 2 3 4 (45) Carries chip on his/her shoulder

Over-Assertive

1 2 3 4 (46) Bullying
1 2 3 4 (47) Bragging and boasting
1 2 3 4 (48) Sassy to grown-ups

Consultations ● Auditory Processing Evaluations ● Hearing Aids ● Assistive Listening Devices

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax

www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Problems Making Friends

1 2 3 4 (49) Shy
1 2 3 4 (50) Afraid they don't like him/her
1 2 3 4 (51) Feelings easily hurt
1 2 3 4 (52) Seeks isolation

Problems with Brothers and Sisters

1 2 3 4 (53) Feels cheated
1 2 3 4 (54) Mean/aggressive
1 2 3 4 (55) Fights constantly

Problems Keeping Friends

1 2 3 4 (56) Disturbs other children
1 2 3 4 (57) Wants to run things
1 2 3 4 (58) Picks on other children
1 2 3 4 (59) Uncooperative with other children

Restless

1 2 3 4 (60) Restless or overactive
1 2 3 4 (61) Excitable, impulsive
1 2 3 4 (62) Fails to finish things he/she starts; short attention span

Temper

1 2 3 4 (63) Temper outbursts, explosive and unpredictable behavior
1 2 3 4 (64) Throws him/herself around
1 2 3 4 (65) Throws and breaks things
1 2 3 4 (66) Pouts and sulks

Problems in School

1 2 3 4 (67) Is not learning
1 2 3 4 (68) Does not like to go to school
1 2 3 4 (69) Is afraid to go to school
1 2 3 4 (70) Daydreams
1 2 3 4 (71) Truancy
1 2 3 4 (72) Will not obey school rules

Perfection

1 2 3 4 (73) Everything must be just so
1 2 3 4 (74) Things must be done the same way every time
1 2 3 4 (75) Sets goal too high

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

Additional Problems

1 2 3 4 (76) Inattentive, easily distracted
1 2 3 4 (77) Constantly fidgeting
1 2 3 4 (78) Cannot be left alone
1 2 3 4 (79) Always climbing
1 2 3 4 (80) A very early riser
1 2 3 4 (81) Will run around between mouthfuls at meals
1 2 3 4 (82) Demands must be met immediately – easily frustrated
1 2 3 4 (83) Cannot stand too much excitement
1 2 3 4 (84) Laces and zippers are always open
1 2 3 4 (85) Cries often and easily
1 2 3 4 (86) Unable to stop a repetitive activity
1 2 3 4 (87) Acts as if driven by a motor
1 2 3 4 (88) Mood changes quickly and drastically
1 2 3 4 (89) Poorly aware of surroundings or time of day
1 2 3 4 (90) Still cannot tie his/her shoes
1 2 3 4 (91) Appears to be depressed
1 2 3 4 (92) Resists any form of physical contact
1 2 3 4 (93) Food allergies
1 2 3 4 (94) Environmental allergies

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax

www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

HYPERACUSIS QUESTIONNAIRE

Child's Name: _________________________Age:_______ Date: _________

1. Is your child presently frightened or bothered by certain sounds?
   Yes _____ No_____

2. If your child is not currently bothered by certain sounds, was this a past problem?
   Yes _____ No _____
   2a. If Yes, at what age did they outgrow this problem? __________

3. How often has your child had ear infections or other ear problems:

   a. _____ never
   b. _____ rarely, one or two times
   c. _____ several, over a few years treated with medication
   d. _____ constantly, requiring medication and eventually tubes

4. Has your child been diagnosed as having a permanent hearing loss?
   Yes _____ No _____

IF THE ANSWERS TO QUESTIONS 1 AND 2 WERE "NO" (NO PROBLEMS WITH SOUNDS)…STOP HERE, OTHERWISE CONTINUE.

5. Check the following noises that currently bother your child or which have bothered your child in the past. Place a "C" in the space for those which are currently a problem, or a "P" in the space for those which were a past problem:

_____ airplane overhead
_____ loud auto muffler
_____ fire engine siren
_____ power saw
_____ telephone ringing
_____ squeaking toys
_____ lawn mower
_____ loud music
_____ food blender
_____ t.v. at normal volume level
_____ dishes
_____ other, please specify below

_____ motorcycle
_____ garbage truck
_____ hammering a nail
_____ electric drill
_____ firecracker
_____ dog barking
_____ playground noise
_____ vacuum cleaner
_____ train whistle
_____ fans
_____ running water

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax
www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

6. How does (or did) your child react to the noises listed in #5?

    a. _____ covers ears with hands
    b. _____ cries
    c. _____ says something like “it hurts my ears”
    d. _____ says something like “I don’t like it”
    e. _____ runs away from sound
    f. _____ cringes
    g. _____ other (please specify) ______________________________

7. Were you counseled by professionals working with your child about what to do to help the problem with sounds?

    Yes _____ No _____

8. In general, the most important characteristic(s) of sounds that bother your child are (you can check more than one if necessary):

    a. ______ how loud it is
    b. ______ a low-pitched sound like an air conditioner
    c. ______ a high-pitched sound like a squeaky wheel
    d. ______ a sudden sound
    e. ______ other _____________________________________

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax

www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

SENSORY HISTORY

Name:___________________________________ Date:____________________
Please answer the following questions about your child. Add comments in space provided.

Auditory	**Often Or very true**	**Some-times true**	**Seldom or not true**
1. Responds negatively to unexpected or loud noises.	_____	_____	_____
2. Is distracted or has trouble functioning if there is a lot of noise around.	_____	_____	_____
3. Couple of times suspected of being hard of hearing.	_____	_____	_____
4. Seems to enjoy strange noises or to seek or make noise for noise's sake.	_____	_____	_____
5. Enjoys music.	_____	_____	_____

Tactile

1. Avoids getting hands in paste, finger paint, or other "messy" material or in sand or gritty substances.	_____	_____	_____
2. Does not like to have his/her face washed.	_____	_____	_____
3. Is irritated by cloth or certain textures.	_____	_____	_____
4. When an infant, liked to be held or cuddled.	_____	_____	_____
5. Dislikes being touched unexpectedly.	_____	_____	_____
6. Irritated when someone is close to him/her.	_____	_____	_____
7. Prefers to touch smooth, hard surfaces.	_____	_____	_____
8. At times has avoided using hands for extended periods.	_____	_____	_____
9. Has banged his/her head on purpose.	_____	_____	_____
10. Has tended to pinch, bite, hit, or otherwise injure him/herself or scratch him/herself.	_____	_____	_____
11. Has tended to pinch, bite, hit or otherwise takes physically aggressive action against others.	_____	_____	_____
12. Tends to examine objects by touching them thoroughly with hands.	_____	_____	_____
13. Tends to examine objects by putting them in his/her mouth.	_____	_____	_____
14. Tends not to feel pain as much as others.	_____	_____	_____
15. Tends to feel pain more than others.	_____	_____	_____
16. Tends to get sores on skin and heals slowly.	_____	_____	_____
17. As an infant, resisted solid food.	_____	_____	_____

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax
www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

Visual	Often Or very true	Some-times true	Seldom or not true
1. Blinks at bright lights.	_____	_____	_____
2. Happy to be in the dark.	_____	_____	_____
3. Will pick picture or object and look carefully.	_____	_____	_____
4. Can get him/her to look at something some distance away.	_____	_____	_____
5. Can get him/her to look at something close.	_____	_____	_____

Gustatory-Olfactory-Elimination

1. Appears to taste flavors as well as most people.	_____	_____	_____
2. Appears to have normal sense of smell.	_____	_____	_____
3. Deliberately smells objects.	_____	_____	_____
4. Has unusual cravings for certain foods.	_____	_____	_____
5. Chews on some non-food objects.	_____	_____	_____
6. As a young child had trouble learning to control urination.	_____	_____	_____
7. Wet the bed at night after three years of age.	_____	_____	_____
8. As a young child, had some trouble learning.	_____	_____	_____
9. Has had some trouble with constipation.	_____	_____	_____

Social

1. Affectionate with others.	_____	_____	_____
2. Sensitive to criticism.	_____	_____	_____
3. Has definite fears.	_____	_____	_____
4. Is often anxious.	_____	_____	_____
5. Has nightmares.	_____	_____	_____
6. Unusual happenings bother him/her.	_____	_____	_____
7. Has temper tantrums.	_____	_____	_____

Language

1. Age at which said first word:	_____	_____	_____
2. Age at which combined words:	_____	_____	_____
3. Age at which spoke sentences:	_____	_____	_____
4. Seems generally to understand what is said to him/herself.	_____	_____	_____
5. Started to talk then stopped when young.	_____	_____	_____
6. Have learned words that are useless to him/herself.	_____	_____	_____
7. Sometimes repeats phrases heard in the past.	_____	_____	_____

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax
www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com

Innovative Hearing Services, Inc.

Cindy Bazell Wilson, MA CCC-A/FAAA
Audiologist

Vestibular	Often Or very true	Some-times true	Seldom or not true
1. Rocked in crib as a baby.	_____	_____	_____
2. Rocked more now either just sitting or on play equipment than most children.	_____	_____	_____
3. During first 2 years, enjoyed being held.	_____	_____	_____
4. Jumps a lot.	_____	_____	_____
5. Spins or whirls more than most children.	_____	_____	_____
6. Has good balance.	_____	_____	_____
7. Likes fast movements, such as when being whirled about by an adult.	_____	_____	_____
8. Likes being tipped upside down.	_____	_____	_____
9. When between 6 months and 2 years, tended to arch back when held or moved.	_____	_____	_____
10. Likes merry-go-rounds.	_____	_____	_____
11. Hesitates to climb or play with equipment which might move him/her in a manner that makes him feel insecure.	_____	_____	_____
12. Had trouble or hesitancy in learning to climb or descend stairs or hills.	_____	_____	_____

Proprioceptive

Proprioceptive	Often Or very true	Some-times true	Seldom or not true
1. Holds hands in strange postures.	_____	_____	_____
2. Body assumes strange positions, which are held for a while.	_____	_____	_____
3. Shows good fine motor coordination.	_____	_____	_____
4. Went from sitting to standing without much crawling.	_____	_____	_____
5. Crept on tummy rather than on hands and knees.	_____	_____	_____
6. Walks on toes or did when younger.	_____	_____	_____
7. Learned to dress self on schedule.	_____	_____	_____
8. Age at which learned to sit:	_____	_____	_____
9. Age at which walked alone:	_____	_____	_____

Consultations ● Auditory Processing Evaluations ● Hearing Aids ● Assistive Listening Devices

2766 West Eleven Mile Rd., Suite 8 ● Berkley, MI 48072 ● 248-544-0560 ● 248-544-7480 Fax

www.innovativehearingservices.com ● e-mail: hearbetter1@yahoo.com