

**SCOTTISH RITE
CHILDHOOD LANGUAGE DISORDERS
AND DYSLEXIA PROGRAM
(252)744-6104**

Dear Parent(s):

Thank you for your interest in the Scottish Rite Language Disorders and Dyslexia Program. The North Carolina Scottish Rite Foundation provides funds to our clinic so that we can provide comprehensive diagnostic evaluations for children who are suspected of having disorders in language, reading, or written expression.

In order for us to best serve you and your child's needs, we have enclosed a packet which includes the following:

- Case History to be completed by a parent/caregiver
- School Questionnaire to be completed by teachers or school officials

In addition to this information, any child 8 years and older is required to have a psychological evaluation, which includes an IQ score and any academic achievement scores that are available.

It is also helpful for us to have copies of any recent evaluation reports from therapists or other professionals, including information from school testing, current IEP, or IEP eligibility determination paperwork. A recent hearing evaluation (within three months) is helpful but not required. A hearing screening will be performed as a part of the diagnostic session.

Once this information is received, our clinical staff will review and determine your child's eligibility for this evaluation program and you will be contacted to schedule testing dates. Two dates will be scheduled for this comprehensive evaluation. There may be a waitlist and clients are scheduled on first come-first serve basis. Receipt of the completed packet places you on the waitlist.

While participation in Scottish Rite Foundation diagnostic evaluations do not require a physician's referral, it may be to your advantage to obtain one prior to your visit in case therapy is recommended following the evaluation. Scottish Rite funding only covers the cost of the evaluation.

A \$50.00 fee is due on the initial day of the evaluation and covers both sessions. Please do not send any currency or personal checks when you return the enclosed forms. *This is an administrative fee and is not reimbursable by insurance or Medicaid.*

Please feel free to contact the clinic at 252-744-6104, with any questions that you may have. We look forward to working with you.

Clinical Faculty and Staff
ECU Speech-Language and Hearing Clinic
College of Allied Health Sciences
Department of Communication Sciences and Disorders
600 Moye Blvd., Room 1310
Greenville, NC 27834

Scottish Rite Childhood Language Disorders and Dyslexia Program
Department of Communication Sciences and Disorders
East Carolina University
Greenville, NC 27858-4353

FACT SHEET

What: The ECU Scottish Rite Foundation (SRF) Program specializes in providing low-cost diagnostic evaluations to children and adolescents who are suspected of having or who have been diagnosed as having a **language-based** learning disability (i.e. problems with pre-reading skills, reading decoding and comprehension, written expression, understanding spoken language, and/or expressing themselves orally).

Who: Children from the ages of 6 to 18 are seen through the SRF program. Participants who are 8 and older should have a psychological evaluation (preferably within the last year) including individualized IQ scores. Children who have below average cognitive ability (80 or below) are not generally considered to be eligible for an evaluation under the auspices of the SRF Program; however, they can receive an extensive language and reading/written language evaluation through the regular ECU Speech-Language and Hearing Clinic. Typical charges and fees will apply.

When: Parents or physicians may refer their child for an SRF evaluation. After the child has been referred to the clinic, an information packet will be sent to the child's parents/guardians, including a Case History Form and a School Questionnaire. These forms, along with any previous evaluation results must be returned to the ECU Speech-Language and Hearing clinic for review. When all information has been received, the parents will be contacted regarding their child's evaluation status and to schedule an appointment. A hearing screening will be performed as a part of the evaluation.

Where: The program is housed in the ECU Department of Communication Sciences and Disorders, and is located at the ECU Speech-Language and Hearing Clinic, at the Library, Allied Health and Nursing Building, Greenville, NC 27858-4353.

How long does it take?: Because the testing is comprehensive, two sessions will be scheduled to allow for breaks as needed during testing, and to allow time for a parent conference and question/answer session with the clinical supervisor.

SRF evaluation services are provided by Lori J. Kincannon, M.S., CCC-SLP and other speech-language pathologists who are certified by the **American Speech Language and Hearing Association** and licensed by the State of NC as Speech-Language Pathologists. Graduate student clinicians assist with the evaluations as part of their clinical education.

**EAST CAROLINA UNIVERSITY SPEECH-LANGUAGE AND HEARING CLINIC
SCOTTISH RITE CHILDHOOD LANGUAGE DISORDERS AND DYSLEXIA PROGRAM**

Department of Communication Sciences and Disorders
School of Allied Health Sciences
East Carolina University

Children's Case History

CONFIDENTIAL

Note: It is important that you fill out this form as **COMPLETELY** as possible and have all pertinent medical, educational, and psychological information sent to us.

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Child's Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Address: _____ Home Phone: _____
(Street and Number)

(City) (State) (County) (Zip)

School: _____ Grade: _____

Name and address of person who referred you to this clinic:

Why has this appointment been requested?

FAMILY HISTORY

(Mother's name) (Age) (Grades completed) (Occupation) (Business phone)

(Father's name) (Age) (Grades completed) (Occupation) (Business phone)

If other than natural parents are guardians, please give names and relationships:

Name: _____ Relationship: _____

Names of Brothers and Sisters	Age	Sex	Grade	Significant Problems
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others living in home:

Relationship:

Have any other members of the family experienced difficulty with reading or language? (Please circle and describe)

Mother	Father	_____
*MGM	*PGM	_____
*MGF	*PGF	_____
Uncles	Uncles	_____
Aunts	Aunts	_____
Cousins	Cousins	_____
Brothers and Sisters		_____

*MGM-Maternal Grandmother, MGF-Maternal Grandfather

PGM-Paternal Grandmother, PGF-Paternal Grandfather

BIRTH HISTORY

Pregnancy (months): _____ Birth Weight: _____

The following checklists help us decide whether there are early medical factors that might relate to your child. Please put an "X" in the appropriate column following each item.

<i>Problem Related to Birth</i>	<i>True</i>	<i>Not True</i>	<i>Cannot Say</i>
Had bleeding during pregnancy	_____	_____	_____
Had to take medications during pregnancy	_____	_____	_____
Gained less than 15 pounds	_____	_____	_____
Took narcotic drugs or alcohol	_____	_____	_____
Had previous miscarriages	_____	_____	_____
Had previous premature babies	_____	_____	_____
Had an infection	_____	_____	_____
Labor lasted longer than 12 hours	_____	_____	_____
Labor lasted less than 2 hours	_____	_____	_____
Had a caesarean section	_____	_____	_____
Had difficult delivery	_____	_____	_____

Describe any complications at birth: _____

<i>Problem During First Months of Life</i>	<i>True</i>	<i>Not True</i>	<i>Cannot Say</i>
Born with cord around neck	_____	_____	_____
Injured during birth	_____	_____	_____
Had trouble breathing	_____	_____	_____
Had exchange transfusion for jaundice	_____	_____	_____
Turned blue requiring oxygen	_____	_____	_____
Was a twin	_____	_____	_____
Had a serious infection	_____	_____	_____
Had difficulty feeding	_____	_____	_____
Had skin problems	_____	_____	_____
Was very jittery	_____	_____	_____
Describe any difficulties during the first year:	_____	_____	_____

MEDICAL HISTORY

The following checklist identifies health problems your child may have had. If problems have occurred, please check yes, list ages of occurrence, and describe. If it has not occurred, please check no.

<i>Health Problems</i>	<i>No</i>	<i>Yes (state ages and describe)</i>
Ear Infections	_____	_____
Meningitis	_____	_____
Seizures (convulsions)	_____	_____
High fevers (over 103?)	_____	_____
Asthma	_____	_____
Trouble with Hearing	_____	_____
Trouble with Eyes	_____	_____
Headaches	_____	_____
Food Allergies	_____	_____
Other Allergies	_____	_____
Cleft lip/palate	_____	_____
Mental Retardation	_____	_____
Cerebral Palsy	_____	_____
Attention Deficit Disorder	_____	_____

When was this diagnosed? _____

By whom? _____

Medication? _____

Names of current medications

Dates

Dosage

Current Physician: _____

Address: _____

Please describe additional illnesses, injuries, and surgery:

Please give dates and results of most recent hearing and vision evaluations:

	<i>Dates</i>	<i>Examiner</i>	<i>Results</i>
Vision	_____	_____	_____
Hearing	_____	_____	_____

DEVELOPMENTAL HISTORY

Give approximate ages for the following:

Sat alone _____

Toilet Trained: bladder _____

Crawled _____

bowel _____

Walked alone _____

night _____

SPEECH AND LANGUAGE HISTORY

1. When did your child babble and coo? _____ How much? _____

2. When did your child begin using words? _____

3. What were your child's first five words? _____

4. How many words did your child have at 1 1/2 years of age? _____

5. When did your child begin using two-word sentences? _____

6. Did your child begin to use speech and then slow down or stop talking? No _____ Yes _____

If yes, please explain: _____

7. Which does your child prefer to use now: Complete Sentences _____ Phrases _____

One or two words _____ Sounds _____ Gestures _____

8. Does your child make sounds incorrectly? No _____ Yes _____

Which ones? _____

9. Does your child hesitate, "get stuck", repeat, or stutter on sounds or words? No _____ Yes _____
Describe: _____
10. How does your child's voice sound?: Normal _____ Too high _____ Too low _____
Hoarse _____ Nasal _____ Too loud _____ Too soft _____
Explain _____
11. How well can your child's speech be understood by people outside the home?

12. Does your child have difficulty finding the appropriate word when he is talking? _____ Explain: _____

13. Can your child tell you a story which contains several ideas? _____
How does his language ability compare to other children his age? _____

14. Does your child have more problems remembering information or directions than you think he should? _____ What can/can't he do? _____

15. If your child is over 12, please mark the following questions "yes" if you think your child has problems with the following tasks:

	<u>Yes</u>	<u>Comment</u>
a. Asking for or giving directions	_____	_____
b. Giving or taking a message on the telephone	_____	_____
c. Stating an opinion about common topics	_____	_____
d. Expressing his thoughts verbally	_____	_____

BEHAVIORAL HISTORY

Below is a list of positive behaviors. Indicate which of these pertain to your child by putting an "X" in the appropriate column to the right of each item.

<u>BEHAVIORAL OBSERVATIONS</u>	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>	<u>N/A</u>
Has an even disposition; is easy to live with					
Usually seems happy					
Enjoys new experiences					
Takes pleasure in many activities					
Is friendly and outgoing					
Tolerates minor bumps or scratches without much complaint					
Shares or cooperates with others					
Accepts rules easily					
Is affectionate					
Is kind or sympathetic if someone else is hurt or sad					
Compromises easily					
Makes friends easily					
Takes turns well					
Finishes tasks independently					
Can delay reward or approval					

Please describe behaviors not listed above: _____

EDUCATIONAL HISTORY

Name of School: _____ Grade: _____

Address: _____ Principal: _____
(Street)

(City) (State) (Zip) Counselor: _____

Telephone: _____

Teacher's Names

Subjects

Current Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child presently receive services for learning disabled children? Yes _____ No _____

If so, is he in a resource classroom, or self contained? _____

For what classes? _____

Is he/she enrolled in speech-language therapy: at school? Yes _____ No _____

privately? Yes _____ No _____ How often? _____

Does your child presently receive tutoring? Yes _____ No _____

For what? _____ From whom? _____

List any special services (speech and language, learning disabilities, etc.) and/or tutoring your child has received:

Special Services

Dates

_____	_____
_____	_____
_____	_____
_____	_____

Did your child attend preschool? _____ Where? _____

Has your child repeated a grade? _____ Grade _____

Has your child had frequent/extended absences? _____ If yes, please explain:

When did you begin to notice that your child was having difficulty? (Please explain.) _____

Describe your child's academic performance since kindergarten: _____

Describe your child's current academic problems: _____

Strengths: _____

Weaknesses: _____

List all achievement, speech and language, and IQ testing done on your child:

<u>Name of Test</u>	<u>Date Administered</u>	<u>Evaluator</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any current modifications being made for your child in the classroom:

*Please attach copies of all testing (psychological, educational, etc.), report cards, and/or word samples that illustrate the difficulties your child is experiencing.

Name of person completing this form: _____

Signed: _____

Relation: _____ Date: _____

SCOTTISH RITE CHILDHOOD LANGUAGE DISORDERS AND DYSLEXIA PROGRAM

School of Allied Health Sciences
Department of Communication Sciences and Disorders
East Carolina University
Library, Allied Health and Nursing Building
Greenville, North Carolina 27858-4353
Phone: (252)744-6104

School Questionnaire

Date: _____

Child: _____ Grade: _____
(First) (Middle) (Last)

SCHOOL INFORMATION

School: _____ Principal: _____

Address: _____ Counselor: _____
(Street)

(City) (State) (Zip Code) Psychologist: _____

Telephone: _____

Teacher(s):	Name	Subject	Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Special Services: (LD, Speech/Language Therapy, EMH, etc.)

Type	Times/Hours per week
_____	_____
_____	_____
_____	_____

What year did child enroll in your school? _____.

Has child repeated any grades? _____ Which grades? _____

Dates and results of most recent vision and hearing screening? _____

Please list special services available in your school: _____

Please list special services or tutoring etc., that the child has received:

Special Services

Date

List all achievement, speech/language, and psychological testing and attach copies:

Name of Test

Dates Administered

Current Reading Programs: _____

Publisher: _____ Level: _____

II. ACADEMIC PERFORMANCE

In this section, there are a number of items that deal with the child's performance in various educational areas. We would like for you to rate the child's typical performance in each area as compared to other children of the same age. Please put an "X" in the appropriate column.

Performance Area	Strong for Age	Appropriate for age	Delayed a year or more
Reading Comprehension			
Reading Rate			
Oral Reading			
Silent Reading			
Word Analysis Skills			
Sight Vocabulary			
Spelling			
Arithmetic			
General Knowledge			
Written Language			
Word Pronunciation			
Sound Differentiation			
Oral Sentence Structure			
Use of Vocabulary			
Writing from Dictation			
Copying Written Material			
Orienting Letters (b-d, etc.)			
Keeping Place in Reading			
Knowing Left from Right			
Discriminating Similar Words/Letters			
Following a Series of Directions			
Retaining Yesterday's Lessons			
Visual Memory			
Relating an Experience			
Performing Tasks in Correct Order			
Getting Letters in Correct Order			
Getting Words in Correct Order			
Understanding Time			

III. Behavioral Observations

Following is a list of behaviors that may be observed in school. Please put an "X" in the appropriate column to the right of each item.

Behavioral Observations (Activity-Attention)	Less often than other children	As often as other children	More often than other children	Cannot say
Keeps getting out of seat				
Seems to do things without thinking				
Learns best on a one-to-one basis				
Is unaware of own mistakes				
Has trouble finishing a task				
Seems to "tune-out" intermittently				
Is very impatient for rewards or approval				
Is easily distracted from work				
Hands and/or feet in motion				
Tires easily during a task				
Hurries through work				
Has marked variations in moods				
Stares for long periods				
Seems under-active or lethargic				
Is slow to understand a new task				
Makes careless mistakes				
Has trouble during unstructured time				
Fails to complete homework				
Disrupts classroom				
Often complains of pains or aches				
Frequently tardy or absent from school				
Has wet or soiled self at school				
Is not liked by other children				
Is solitary—does things alone				
Prefers younger children				
Bullies other children				
Often tells lies				
Frequently fights with other children				
Has stolen things				
Destroys own or others belongings				
Often worries about many things				
Cries easily				
Often appears unhappy or distressed				
Is afraid of new situations				
Is quick to "fly off the handle"				
Is defiant toward teacher(s)				

Please write in any problems the student has that were not listed above:

What specific information would you like to have from the evaluation?

Additional comments concerning child's behavior and/or academic achievements:

PLEASE BE SURE you have answered all items and enclosed copies of all academic, speech and hearing, and psychological testing!

To be signed by the following:

Teacher(s) completing this form:

_____ Date: _____

_____ Date: _____

Counselor: _____

Principal: _____

East Carolina University Speech-Language and Hearing Clinic

Physical address:

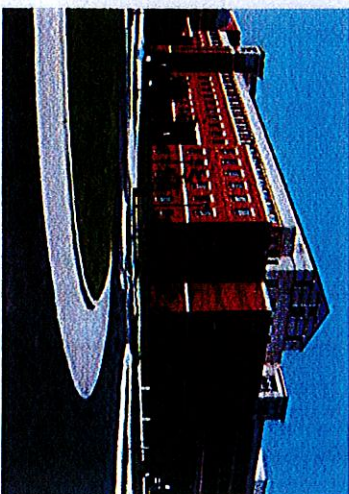
**2150 W 5th Street
Greenville, NC 27834**

The Clinic is located on the West Campus in the Allied Health Sciences Building on Highway 43 N./W. Fifth Street behind the Brody School of Medicine and Vidant Medical Center.

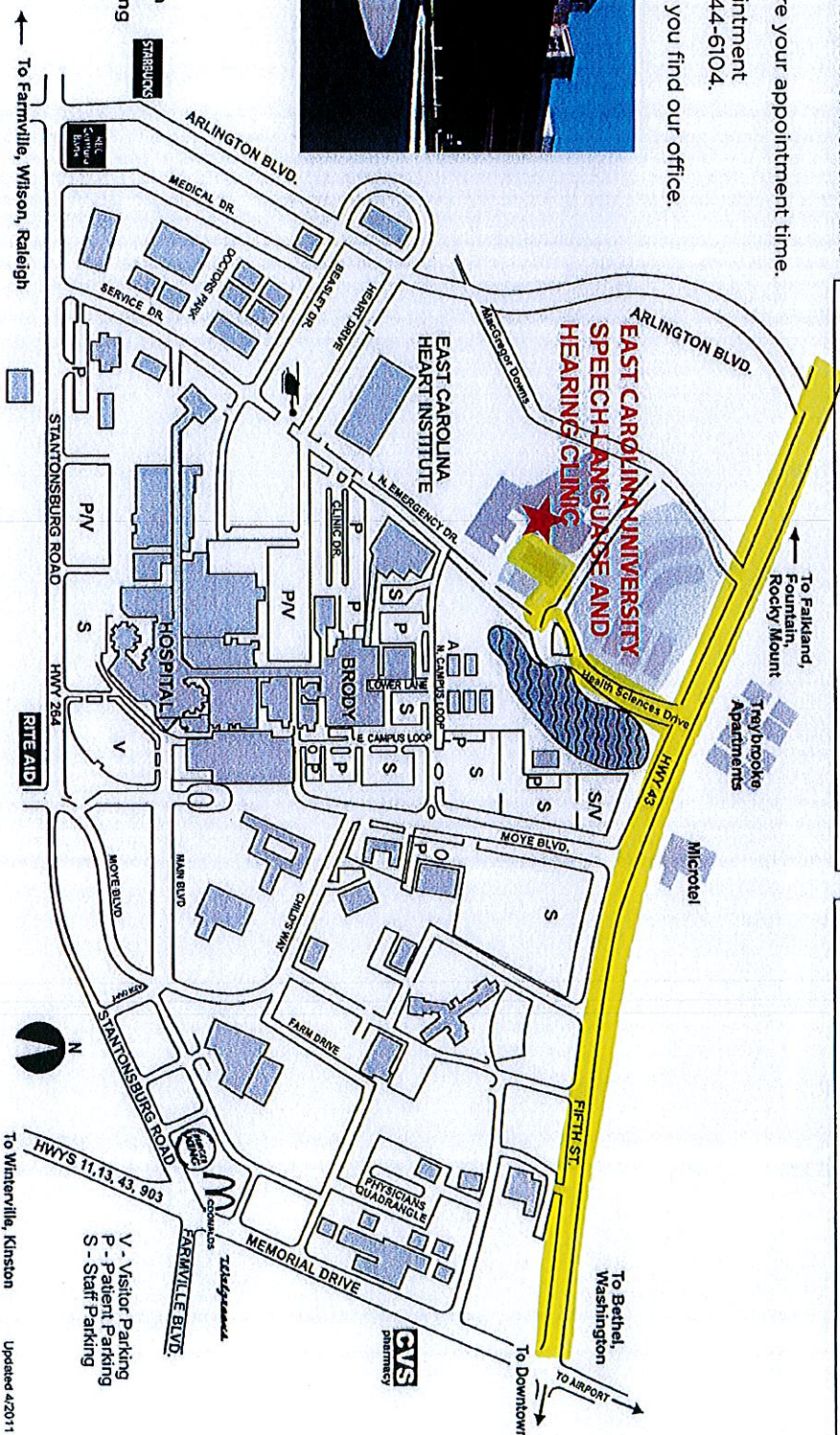
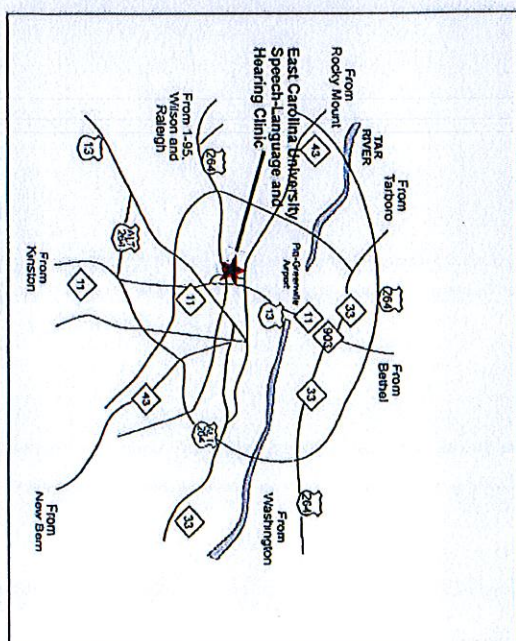
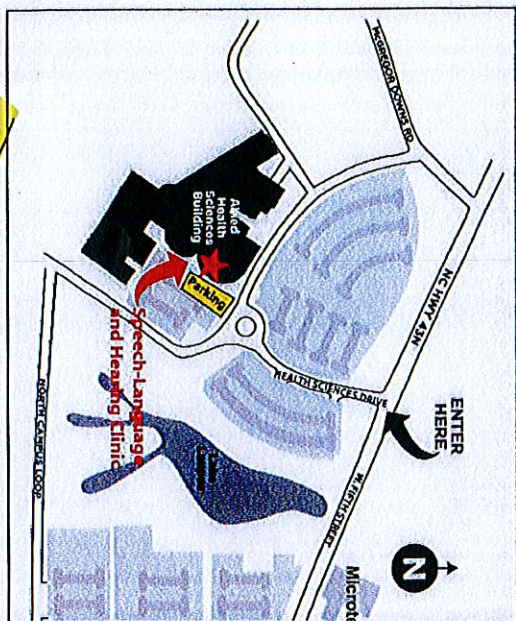
Please arrive 15 minutes before your appointment time.

If you must cancel your appointment or need assistance, call 252-744-6104.

Please bring this map to help you find our office.



First Floor
Room 1310



The ECU Speech-Language and Hearing Clinic is housed in the Allied Health Sciences Building on West 5th Street/Highway 43 in Greenville, North Carolina. Our "ECU PATIENT PARKING ONLY" area is located on the left side of the building. The directions below will help guide you to our facility.

Traveling from Rocky Mount

- Take 43 South into Greenville.
- Go straight through stoplight at intersection of Hwy 43 and Arlington Boulevard.
- The Allied Health Sciences Building is second turn on the right.
- Turn right onto Health Sciences Drive (Turn Arrow in Road).
- Follow the "Allied Health Clinics" signs to the designated parking area.

Traveling from Raleigh/Wilson

- Take 264 East into Greenville (road name changes to Stantonsburg Road).
- Turn left at 4th stoplight onto Arlington Boulevard (stay in the right lane once you turn).
- Go straight through stoplight at Heart Drive to intersection of Arlington Boulevard and 5th Street.
- Turn right at stoplight onto 5th Street.
- The Allied Health Sciences Building is second turn on the right.
- Turn right onto Health Science Drive (Turn Arrow in Road).
- Follow the "Allied Health Clinics" signs to the designated parking area.

Traveling from Kinston/ Ayden-Grifton

- Take Hwy 11 North into Greenville (road name changes to Memorial Drive).
- Take Memorial Drive all the way to West 5th Street.
- Turn left at stoplight onto 5th Street (Citgo Gas Station will be on the left).
- Go through stoplight at intersection of Moye Boulevard and 5th Street (Microtel Inn on right).
- Get in left lane. The Allied Health Sciences Building is the next large building on left.
- Turn left onto Health Science Drive.
- Follow the "Allied Health Clinics" signs to the designated parking area.

Traveling from Washington

- Come into Greenville on Hwy 264 West.
- Go straight through intersection of Hwy 264 West and Greenville Boulevard.
- Keep straight on Old Pactolus Road and turn left on Mumford Road.
- Stay on Mumford Road and cross over Railroad tracks.
- Turn left at the stoplight onto Hwy 11-S/13 by Greenville Airport.
- Go straight and turn right at 2nd stoplight onto 5th Street.
- Go through stoplight at intersection of Moye Boulevard and 5th Street (Microtel Inn on right).
- Get in left lane. The Allied Health Sciences Building is next large building on left.
- Turn left onto Health Science Drive.
- Follow the "Allied Health Clinics" signs to the designated parking area.

If using a GPS device or online map, you may use the following address to get to our building:
2205 W 5th St, Greenville, NC 27834