Berard Auditory Integration Systems, Inc.
A Division of the Counseling Center of CT and NC **Phone: 828-683-6900**
690 Boyd Rd., Leicester, NC 28748 **Fax: 828-683-0303**

AIT Evaluation: Instructions and Form

Instructions

We look forward to working with you. If you are unable to come to our office for the evaluation, we can work with the candidate at a distance. Long-distance care is available through our In-Home Program which is individualized based upon a review of all of the following: (1) the applicant's evaluation form; (2) telephone evaluation(s); and (3) a local audiologist's report.

1. Please fill in the following form. Then, when you are ready to proceed with the evaluation, either mail, fax, or er

2. To schedule the evaluation, call **828-683-6900** or email: *info@aithelps.com*. You can also go to our web site and submit a form request for an appointment. Do not hesitate to contact us with your questions.

3. When the evaluation is scheduled we will be glad to assess whether insurance reimbursements, scholarship and/or payment plans are available to you. If you want us to do the additional financial assessment, please complete and submit the form entitled *Scholarship, Payment Plans and/or Insurance*.

4. If the evaluation will be conducted at a distance, please schedule an appointment with a local audiologist for a hearing evaluation. We will send you a letter with instructions for the audiologist. Please instruct the audiologist to fax the results to us as soon as possible. If you have a child with special needs, we recommend that you find an audiologist who is trained to work with special needs children.

Please mail the completed form(s) to:
The Counseling Center, AIT Division, 690 Boyd Rd., Leicester, NC 28748

Or fax to: 828-683-0303. Our fax is located in a secure and confidential area.

If AIT is appropriate, we can usually accommodate the In-Home Program fairly quickly. You will need a CD player; we supply the rest of the equipment. The AIT is 20 sessions, 1/2 hour each. The recommended program sequence is twice per day for 10 days. Re-assessments are included.

Do not hesitate to call us for further information or assistance: 828-683-6900.

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AIT PRE-SCREENING EVALUATION FORM — NEEDS ASSESSMENT

Date:_____

Name (include nickname) _____

Date of Birth _____ Age _____ M/F _____

Parent/Guardian's Name_____

Address _____

_____

Home Phone _____ Work Phone _____

How did you find us?_____

Diagnosis: _____

Reason for inquiring about auditory integration training:_____

_____

1. **Education**: School and Grade (*current or highest level achieved*):_____

   Any academic problems in school? _____

   Special classes? If so, please explain _____

2. **Physical/Medical Issues**: _____

   History of ear problems? Y / N _____

   Ear infections? Y / N (age?)_____

   Broken ear drum? Y / N (age?) _____

   Insertion of PE tubes? Y / N (age?) _____ Date removed _____

   Antibiotic use? Y / N _____

   Allergies or food sensitivities? Y / N _____ To what?_____

   Special Diet? _____

   Medications and/or Nutritional Supplements? (Include dosages): _____

   _____

   History of adverse reaction to immunizations? Y / N _____

   If so, at what age, the specific immunization(s), and what was the reaction? _____

   _____

Web site: *www.aithelps.com* E-mail: *info@aithelps.com*

History of seizures? Y / N _____ If so what kind? _____

Brain or head injuries? Y / N _____ If so, at what age?_____

Difficulty with balance or coordination? Y / N _____

Difficulty with fine or gross motor skills? (handwriting, sports, etc.): Y / N _____

Pain threshold: High _____ Normal Limits _____ Low _____

3. **Developmental History**:

Were there any problems with the pregnancy/birth process? Y / N _____

Was there more than one ultrasound done during pregnancy? Y / N _____

Developmental milestones: Crawled? Y / N _____

Walking: _____ normal limits _____ delayed

Talking: _____ normal limits _____ delayed

Toilet training: _____ normal limits _____ delayed

Other: _____

4. **Speech/Language and Hearing Issues** (*identify if current or in past*):

Hearing impairment or loss? Y / N _____

Sensitivity to loud sounds? Y / N _____

_____a few sounds _____some _____many _____most sounds

Please indicate specific sounds if known: _____

_____

Hypersensitivity to quiet sounds (*i.e., hearing sounds others do not hear or before others hear them*)? Y / N _____

Does the sensitivity to sounds vary? If so, what makes a difference? _____

_____

Current or history of speech therapy? Y / N _____ What age? _____

Current language ability: _____ no words _____one word _____ 2-3 words

_____ near sentences _____full sentences

Speech is: _____ easily understood _____difficult for most people to understand

Stuttering or stammering problems? Y / N _____

Speech abnormalities or delays? Y / N _____

Difficulty with comprehension? Y / N _____

Delayed comprehension? Y / N _____

Difficulty with sound discrimination? Y / N _____

Especially in noisy environments? Y / N _____

Difficulty concentrating/attending esp. in noisy environments? Y / N _____

Difficulty following directions or multi-step instructions? Y / N _____

Slow response time? Y / N _____

5. **Psychological/Emotional or Neurological Issues** (*identify if current or in past*):

Depression? Y / N _____

Easily angered, irritable or impatient? Y / N _____

Anxiety/fears/phobias? Y / N _____

Attention deficit disorder? Y / N _____ With hyperactivity? Y / N _____

Obsessions or compulsions? Y / N _____

Bipolar disorder? Y / N _____

Tic disorder / Tourette's syndrome? Y / N _____

Neurological issues? (specify)_____

Other: _____

6. **Social Issues**:

Discomfort or difficulty in social situations? (describe): _____

_____

Inappropriate or immature social skills? Y / N _____

Difficulty maintaining relationships? Y / N _____

Is there any additional information you feel is important for us to know? Comments or concerns? *(Do not hesitate to write on the back of this page or attach additional information.)*

Note: This form is strictly confidential. The completion of this form in no way obligates you or the practitioner to perform AIT. It is only to help us determine what is in the best interest of the applicant.