

Checklist for Processing Difficulties



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CLIENT (CHILD) INFORMATION			
Child's Name:	Date of Birth	: Date:	
Age: Grade:	School:	Phone:	
Observer:	Parents:	Email:	
PLACE A CHECKMARK FOR EACH ITEM THAT APPLIES TO THE CHILD			
AUDITORY PROCESSING		LANGUAGE PROCESSING	
☐ Male.		☐ Word retrieval problems.	
□ Normal pure-tone hearing.		□ Neutral, generic language.	
☐ Difficulty following oral directions – inconsistent responses.		■ Misuse of words with a similar phonetic structure.	
Short auditory attention span – fatigues easily.		☐ Creative, original language – describes or circumlocutes.	
Poor short-term memory.		■ Delayed responses – uses fillers.	
□ Poor long-term memory.		☐ Frequently answers "I don't know" or "I forgot".	
☐ Daydreams – appears not to listen.		■ Repeats or rehearses comments.	
☐ Difficulty hearing with background noise.		■ Inconsistency in learning – needs review.	
☐ Difficulty localizing sounds.		Recognizes errors but can't correct them.	
Academic and/or speech-language problems.		☐ Incomplete sentences or thoughts.	
■ Disruptive behaviors – impulsive, frustrated.		■ Pragmatic problems – disruptive behavior.	
■ Requests repetition – asks "huh"?		 Age-appropriate IQ and vocabulary. (academic deficits, learning disabled) 	
COMMENTS:			