

Auditory Problems Checklist



CLIENT (CHILD) INFORMATION

Child's Name: _____ Date of Birth: _____ Date: _____

Age: _____ Grade: _____ School: _____ Phone: _____

Observer: _____ Parents: _____ Email: _____

PLACE A CHECKMARK FOR EACH ITEM THAT IS CONSIDERED TO BE A CONCERN BY THE OBSERVER

<input type="checkbox"/> Has a history of hearing loss.	<input type="checkbox"/> Daydreams – attention drifts – not with it at times.	<input type="checkbox"/> Frequently misunderstands what is said.
<input type="checkbox"/> Has a history of ear infections.	<input type="checkbox"/> Is easily distracted by background sound(s).	<input type="checkbox"/> Does not comprehend many words–verbal concepts for age/grade level.
<input type="checkbox"/> Does not pay attention (listen) to instructions (50% + of the time).	<input type="checkbox"/> Has difficulty with phonics.	<input type="checkbox"/> Learns poorly through the auditory channel.
<input type="checkbox"/> Does not listen carefully to directions – often necessary to repeat.	<input type="checkbox"/> Experiences problems with sound discrimination.	<input type="checkbox"/> Has a language problem. (morphology, syntax, vocabulary, phonology)
<input type="checkbox"/> Says “huh” and “what” at least five (+) times per day.	<input type="checkbox"/> Forgets what is said in a few minutes.	<input type="checkbox"/> Has an articulation problem. (speech)
<input type="checkbox"/> Cannot attend to auditory stimuli for more than a few seconds.	<input type="checkbox"/> Does not remember simple routine things from day to day.	<input type="checkbox"/> Cannot always relate what is heard to what is seen.
<input type="checkbox"/> Has a short attention span (circle appropriate time frame) 0-2 minutes 2-5 minutes 5-15 minutes 15-30 minutes	<input type="checkbox"/> Displays problems recalling what was heard last week, month, year. <input type="checkbox"/> Has difficulty recalling a sequence that has been heard. <input type="checkbox"/> Experiences difficulty following auditory directions.	<input type="checkbox"/> Lacks motivation to learn. <input type="checkbox"/> Displays slow or delayed response to verbal stimuli. <input type="checkbox"/> Demonstrates below average performance in one or more academic areas.