

## AUDITORY PROCESSING DISORDER CHECKLIST

Student's Name: patName

Date of Birth: patBirthdate.default Home Phone: patHomePhone.default

Family Physician: patMdName

Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Exceptionality: \_\_\_\_\_ Resource Help: \_\_\_\_\_

School: \_\_\_\_\_ School Board: \_\_\_\_\_

Speech-Language Pathologist: \_\_\_\_\_ S.L.P. Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Teacher Impression: \_\_\_\_\_

Date form completed currentDate.default

A committee composed of representatives from Audiology facilities in the Hamilton and Brantford area and from Speech-Language Pathology Departments of the three Hamilton area Boards of Education, was formed to consider Auditory Processing Disorder testing in the region.

A questionnaire was developed and is to be filled out by the classroom teacher as the first part of the process.

The Auditory Processing Disorder assessment looks at the child's ability to focus on auditory information when background noise is present, and to integrate information presented simultaneously. This test does not assess language comprehension skills.

The aim of this process is to:

1. Identify those students at greatest risk for APD problems.
2. Provide Audiologists, teachers, physicians and parents with pertinent information regarding the child.
3. Reduce waiting lists is for APD testing.

### **Children who present with one or more of the following criteria are NOT appropriate for an Auditory Processing Disorder (APD) Assessment:**

1. English is not the child's native language.
2. Receptive language age of less than 7 years.
3. Cognitive ability has been measured /or is suspected to be outside of the normal range.
4. Children who have a permanent hearing loss.
5. If the child has middle ear fluid the APD test will be deferred until the fluid has cleared.
6. Children with unintelligible speech.

## CLASSROOM AUDITORY PERFORMANCE CHECKLIST

Please answer the following questions by comparing this student to other students in your class. Some listening situations may be difficult for all young children. Please judge if this child has more difficulty than other children do in each listening condition described.

- RESPONSE CHOICES:**
- |                                     |   |                          |
|-------------------------------------|---|--------------------------|
| Less difficulty                     | 1 | <input type="checkbox"/> |
| Same amount of difficulty (Average) | 2 | <input type="checkbox"/> |
| Slightly more difficulty            | 3 | <input type="checkbox"/> |
| Considerably more difficulty        | 4 | <input type="checkbox"/> |
| Cannot function at all              | 5 | <input type="checkbox"/> |

### **FOLLOWING INSTRUCTIONS:**

- |                                |   |                          |   |                          |   |                          |   |                          |   |                          |
|--------------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| Simple instructions in quite.  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Complex instructions in quite. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Simple instructions in noise.  | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Complex instructions in noise. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

### **MAINTAINING ATTENTION DURING ORAL INSTRUCTION:**

- |                                      |   |                          |   |                          |   |                          |   |                          |   |                          |
|--------------------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1-5 minutes of oral instruction.     | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| 5-10 minutes of oral instruction.    | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| over 10 minutes of oral instruction. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Attentive listening in a quite room. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| Attentive listening in a noisy room. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

### **MAINTAINS ATTENTION FOR SEATWORK:**

- |                |   |                          |   |                          |   |                          |   |                          |   |                          |
|----------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| In quite area. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| In noisy area. | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |

**RECALL:**

- Can repeat back simple instructions            1  2  3  4  5
- Can repeat back complex instructions        1  2  3  4  5
- Recalls order or sequence of the information. 1  2  3  4  5
- Remembers new material or instruction from 1  2  3  4  5   
one day to the next

**CHILD'S CURRENT STRATEGIES**

- | Dose the child use the following strategies?                | Yes                        | Sometimes                  | No                         |
|---|----------------------------|----------------------------|----------------------------|
| Maintains eye contact with speaker                          | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Chooses or requests seating close to speaker                | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Confirms information by asking questions<br>or paraphrasing | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Asks for information to be reported.                        | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Repeats information to aid in retention                     | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |

Other strategies observed: \_\_\_\_\_

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**CURRENT TEACHING MODIFICATIONS**

- | Do the following strategies improve<br>this student's performance? | Yes                        | Sometimes                  | No                         |
|--|----------------------------|----------------------------|----------------------------|
| Obtaining attention before giving instructions                     | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Writing instructions on blackboard                                 | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Simplifying instructions to single steps                           | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Asking student to indicate when information<br>is not understood   | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Seating close to teacher:  | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |
| Other  | Y <input type="checkbox"/> | S <input type="checkbox"/> | N <input type="checkbox"/> |

**ACADEMIC PERFORMANCE AND ADDITIONAL INFORMATION**

**GRADE LEVELS OF ACHIEVEMENT:**

Oral reading: \_\_\_\_\_ Mathematics: Concepts \_\_\_\_\_  
 Reading comprehension: \_\_\_\_\_ Computation \_\_\_\_\_  
 Spelling: \_\_\_\_\_ Word Problems \_\_\_\_\_  
 Written Composition: \_\_\_\_\_  
 Difficulty with phonics: Yes  No   
 Other Difficult Subject Areas: (specify) \_\_\_\_\_

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**LANGUAGE:**

Below Average      Average      Above Average

- Vocabulary Skills			
- Understanding	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____
- Usage	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____
- Word Retrieval Skills	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____
- Understands orally presented information	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____
- Ability to Sequence and Organize Thoughts	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____	____ <input type="checkbox"/> ____
Has the student been assessed by a Speech/Language Pathologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the student receiving Speech or Language Therapy at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the student received Speech or Language Therapy in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**CURRENT CLASSROOM INFORMATION:** (class size, noise level, open concept vs. closed, active learning)

**CLASSROOM SEATING:**

- Does the student have a specific seat?      Yes  No   
 - If so, fill in the box to the right.  
 (a) indicate the location of doors, windows, and student seating  
 (b) indicate this student's seat with an "X"  
 (c) indicate location where lessons are taught with a "T"  
 - Is there a fair amount of movement in your classroom  
     i.e. learning centre?      Yes  No   
 - If so, please describe.



**HEARING:**

Do you think that this student has a hearing loss? Yes  No

Does this student have a history of ear infections? Yes  No

When and where was student's last hearing test? \_\_\_\_\_

**STANDARDIZED TESTING:**

Has a Psychologist/Psychometrist assessed the student? Yes  No

Indicate results of most recent academic achievement, psychological, speech/language assessments. Please attach applicable assessment results.

Date	Test	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed by: currMdName

Date: currentDate.default

Principal Signature's: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referring Physician: (please print) <u>currMdName</u>	Signature: _____
Address: <u>currMdAddressLabel</u>	
_____	