



**Johansen Sound Therapy
CHECKLIST FOR AUDITORY PROCESSING DIFFICULTIES**

NameDate of birth

Address.....

.....postcode.....

Email:..... Parent/Guardian

Tel NoMobile:.....

School attended:.....

Child's position in family/ no. of siblings:.....

Please tick the relevant box beside each question and add comments as appropriate.

BACKGROUND

1. When was your child's hearing last tested?

Findings:

2. When was your child's vision last tested?

Findings:

3. Early history of ear infections/ glue ear/ or hearing problems prior to age three.

Yes No

Comments:

4. Persisting middle ear infections/ glue ear/ hearing problems/ grommets or ENT operations beyond age three

Comments:

5. Family history of speech, reading or spelling difficulties (including reluctant readers).

Comments:

6. Family or school circumstances which may have affected the child's development.

Comments:

CHECKLIST FOR AUDITORY PROCESSING DIFFICULTIES

CONCENTRATION, ATTENTION, LISTENING AND UNDERSTANDING

Yes No

7. Daydreams in class

Comments:

8. Disruptive in class (possibly because they can't follow teacher for prolonged period).

Comments:

9. Difficulty following through instructions – needs to check with teacher/ classmate to be sure

Comments:

10. Difficulty coping with background noise or works better 1 to 1 than in class

Comments:

11. Does not always respond when name is called or when being addressed as part of a group.

Comments:

12. Appears not to listen to what is being said

Comments:

13. Evidence of standing back to see what others are doing before following a verbal instruction

Comments:

14. Difficulty listening or following instructions while doing something

Comments:

15. Difficulty listening and taking notes simultaneously

Comments:

Yes No

16. Homework takes much longer to complete than it should

Comments:

17. Difficulty settling down to independent work

Comments:

18. Tends to take things too literally for their age.

Comments:

19. Difficulty making/ sustaining friendships (slow processing may cause difficulties keeping up with fast-paced banter of peer group).

Comments:

20. Oversensitivity to/ dislike of loud or particular sounds

Comments:

SPEECH

21. Speech poorly articulated or slow, hesitant or confused.

Comments:

22. Intonation flat or monotonous.

Comments:

23. Word finding problems – struggles to find the word they want to say.

Comments:

24. Confusion/ difficulty saying multi-syllabic words.

Comments:

25. Difficulty initiating/ maintaining conversation or asking questions.

Comments:

READING, SPELLING AND NUMERACY

Yes No

26. Difficulty with decoding/ encoding

Comments:

27. Appears not to hear the sounds/ sound sequence in words

Comments:

28. Difficulty with layout of work

Comments:

29. Difficulty with maths

Comments:

30. Has your child had any specialist assessments
E.G. Educational Psychologist, Speech and Language, Physio or
Occupational Therapist, Specialist Teacher? Who and when?

Please add any further information or comments about your child's hearing, listening and attention over the page.

Please return the completed questionnaire to: Karen@kb-insights.co.uk

If you have any queries, please do not hesitate to call: 0783 7930714