

Auditory Processing Disorder Initial Screening.

Name: _____ DOB: _____

Checklist Completed by _____ Date _____

Tick one answer for each question to indicate how often the behaviour is exhibited in your child's / student's / client's daily life. If you answer 'sometimes' or 'frequently' to many of the questions, the individual should be referred for formal testing.

Participant Behaviour	Never	Sometimes	Frequently	Unsure
Misunderstands what is said				
Requests that information or instructions be repeated				
Appears to not hear properly or to be a 'selective listener'				
Experiences difficulty with phonics				
Experiences difficulty with reading				
Experiences difficulty with spelling				
Experiences difficulty putting thoughts onto paper during writing tasks				
Experiences difficulty with comprehension				
Experiences difficulty with problem solving or abstract concepts				
Performs better one on one				
Experiences difficulty understanding in noisy environments				
Either unusually sensitive or unresponsive to noise/ sounds				
Appears confused by multiple, lengthy, or quickly presented verbal instructions				
Appears to be easily distractible				
Experiences difficulty paying attention in the classroom				
Difficulty expressing/explaining information or rephrasing self				
Provides slow or delayed responses				
Experiences difficulty understanding the point or focus of group activities				
Takes a long time to complete classroom work and/or homework				
Is teased or left out by peers				
Unusually tired after school				
Experiences behaviour problems				
Low confidence and/or self-esteem				

Please provide any other relevant information:

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