



## PARENT’S OBSERVATIONS OF CHILD’S AUDITORY PROCESSING SKILLS

Child’s Name:	
Date of Birth:	Age:
Grade:	

**INSTRUCTIONS:** Your observations are an important part of the diagnostic process. Please describe your child’s listening behaviours as you see them at home. **Put a check-mark in the box if you think “this describes my child”. Leave blank if you believe “this does NOT describe my child”.**

- Has trouble listening in noisy settings.
  - Is easily distracted from an activity by noise.
  - Has trouble following simple directions.
  - Has trouble following complex directions.
  - Has trouble remembering directions.
  - Has trouble listening when tired.
  - Has trouble following lengthy conversations.
  - Has poor memory for specific information heard like phone numbers, dates, times, or addresses.
  - Asks for statements to be repeated or asks “huh?” or “what?” a lot.
  - Answers questions with inappropriate answers.
  - Has difficulty participating in conversations.
  - Has difficulty interpreting abstract information or language.
  - Reacts excessively to loud noises.
  - Has difficulty spelling.
  - Has difficulty reading.
  - Has difficulty with writing assignments.
  - Is often disorganized.
  - Has a speech or language problem.
  - Has poor self-esteem.
  - Sometimes appears not to hear well.
  - Given all the behaviours marked above, how severe would you rate the challenges overall?
- No problem at all   0   1   2   3   4   5   6   7   8   9   10   As bad as it can get