



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