Fisher’s Auditory Problems Checklist

Student Name_____________________________________  Date_________________

Grade_______  School _____________________   District_______________________

Name of Observer who is completing this checklist________________________________

Observer’s title/position_____________________________________

Please place a check mark before each item that is considered to be a concern by the observer.

_____ Has a history of hearing loss
_____ Has a history of ear infections
_____ Does not pay attention (listen) to instruction 50% or more of the time
_____ Does not listen carefully to directions – often necessary to repeat instructions
_____ Says “Huh?” or “What?” at least five or more times per day
_____ Cannot attend to auditory stimuli for more than a few seconds
_____ Has a short attention span
   (If this item is check, also check the most appropriate time frame)
   _____ 0-2 min.   _____ 2-5 min.   _____ 5-15 min.   _____15-30 min.
_____ Daydreams – attention drifts – not with it at times
_____ Is easily distracted by background sound(s).
_____ Has difficulty with phonics
_____ Experiences problems with sound discrimination
_____ Forgets what is said in a few minutes
_____ Does not remember simple routine things from day to day
_____ Displays problems recalling what was heard last week, month, year
_____ Has difficulty recalling a sequence that has been heard
_____ Experiences difficulty following auditory directions
_____ Frequently misunderstands what is said
_____ Does not comprehend many words – verbal concepts for age/grade level
_____ Learns poorly through the auditory channel
_____ Has a language problem (morphology, syntax, vocabulary, phonology)
_____ Has an articulation (phonology) problem
_____ Cannot always relate what is heard to what is seen
_____ Lacks motivation to learn
_____ Displays slow or delayed response to verbal stimuli
_____ Demonstrates below average performance in one or more academic area(s)