

Rochester Hearing and Speech Center
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Central Auditory Processing Questionnaire: Children's Version

Child: _____ **Date:** _____
Relationship of person filling out this form: _____

The following information will allow us to better understand and serve your child. Thank you for your time in completing this questionnaire.

1. Who recommended this evaluation for your child? _____

2a. Please identify your main concerns regarding your child's listening/academic difficulties.

2b. Since when have these difficulties been apparent? _____

2c. Are any difficulties made worse when background noise is present? _____

3. Overall, how would you say your child is doing in school academically? _____

4. Is there a family history of processing difficulties or learning difficulty? Yes _____ No _____
4a. If Yes, who in the family? _____

(Please complete other side)

Central Auditory Processing Questionnaire: Children's Version

1. Auditory Processing Profile

Please indicate the extent to which your child:

	Never	Sometimes	Always
1. Says "huh" or "what"	N	S	A
2. Has difficulty understanding verbal instructions	N	S	A
3. Processes information slowly	N	S	A
4. Has difficulty responding easily and accurately to questions	N	S	A
5. Has difficulty following directions	N	S	A
6. Has difficulty with organization	N	S	A
7. Forgets what has been said	N	S	A
8. Mixes up speech sounds	N	S	A
9. Has difficulty listening when noise is present	N	S	A
10. Has difficulty when someone speaks quickly	N	S	A

2. Social Profile

(To what extent does the following describe your child's behavior)

	Never	Sometimes	Always
1. Inattentive	N	S	A
2. Impulsive	N	S	A
3. Exhibits restless/excessive physical movement	N	S	A
4. Easily frustrated	N	S	A
5. Anxious	N	S	A
6. Gives up easily	N	S	A
7. Easily fatigued	N	S	A

(Please complete other side)

3. Academic Profile

(To what extent does the following describe your child's academic performance)

	No Difficulty	Some Difficulty	Much Difficulty
1. Phonics	N	S	M
2. Spelling	N	S	M
3. Reading	N	S	M
4. Writing (content, order, grammar)	N	S	M
5. Math (word problems)	N	S	M
6. Math (numerical content)	N	S	M
7. Completing tasks in a timely/effective manner	N	S	M

8. Does your child have an IEP or 504 plan in place? Yes _____ No _____

9. Is your child on any medication for academic purposes? Yes _____ No _____

9a. If Yes, please explain: _____

Has your child's teacher(s) brought up concerns related to your child's auditory processing abilities, social behaviors, or academic performance in the classroom? **Circle: Yes/No**

If "Yes," please describe: _____

If you have any other concerns or would like to elaborate on any of the above items, please write your comments below: _____
