



Central Auditory Processing Checklist and Referral

Student	OEN
Date of Birth	Parent / Guardian Name
Address	
Telephone Number	School
Grade	Date

CLASSROOM AUDITORY PERFORMANCE

Relative to classroom peers, evaluate student's performance in each listening condition.

	Degree of Difficulty			
	SAME	SLIGHTLY MORE	CONSIDERABLY MORE	CANNOT FUNCTION
FOLLOWING DIRECTIONS				
- simple instructions in quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- complex instructions in quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- simple instructions in noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- complex instructions in noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTAINING ATTENTION DURING ORAL INSTRUCTIONS				
- 1-5 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 5-10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- over 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- attentive listening in quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- attentive listening in noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTAINING ATTENTION FOR SEAT WORK				
- in quiet area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- in noisy area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSION AND RECALL				
- understands orally presented information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- comprehends words at grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- immediate recall of words, word spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- recalls simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- recalls complex instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- recalls order / sequence of information

- remembers new material or instruction



Central Auditory Processing Checklist and Referral

CURRENT STRATEGIES

STRATEGY	Frequency of Use		
	NEVER	SOMETIMES	USUALLY
- maintains eye contact with speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- chooses seating close to speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- confirms information by asking questions or paraphrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- asks for information to be repeated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- repeats information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT TEACHING MODIFICATIONS

MODIFICATION	Impact on Student's Performance		
	NONE	OCCASIONAL	USEFUL
- obtaining attention before giving instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- writing instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- simplifying instructions to single steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- asking student to indicate when information is not understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC PERFORMANCE

	ACADEMIC PERFORMANCE		
	BELOW GRADE	AT GRADE	ABOVE GRADE
- oral reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- math computations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- math problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- written language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Central Auditory Processing Checklist and Referral

Does this student have a history of ear infections?

YES

NO

Do you think this student has a hearing loss?

YES

NO

Have there been other assessments

YES

NO

*please attach

DESCRIPTION OF CLASSROOM

- class size

- noise level

LOW

MEDIUM

HIGH

- amount of movement

LOW

MEDIUM

HIGH

- floor covering

- open concept

NO

YES

Indicate location of doors, windows, desks / tables

Indicate student's desk.....X

Indicate location where lessons are taught.....T

Teacher: _____

Principal: _____

Upon completion this form should be sent to the parent / guardian. Parent / Guardian is requested to bring this form to the family physician for referral to an audiologist.

FREEDOM OF INFORMATION ACT

Personal information on this form is collected under the Education Act and will be transferred to the student record folder (OSR).

Questions about this collection should be directed to the school principal or Superintendent of Education