

Teacher Questionnaire – this information will be shared with the child’s parent/guardian during the 1st part of their assessment.

Child’s Name:		DOB:		Age:	
School Name:					
Teacher’s Name(s):				Year level:	
School Address:	Number:	Street:	Suburb:	Postcode:	
Teacher’s Email:					
Phone:	School office:		Fax:		
Person (s) completing questionnaire :				Date:	

Your answers to the following questions will provide us with useful information about your student’s listening and other behaviours. This will contribute greatly to our assessment of your student’s auditory processing abilities. Please rate the student’s performance at school in comparison to the other students in the class, based on the student’s behaviour consistent over time.

General Information

<ol style="list-style-type: none"> 1. Does the student receive special assistance at school, e.g. speech therapy, special education, LAP assistance, NEP? If yes please describe..... 2. Do you have any concerns with this child’s language skills? If yes please describe.... 3. Has this child ever been assessed by a Guidance Officer or Psychologist? If yes please provide a copy of relevant reports. 4. Do you have any concerns with this child’s general cognitive abilities (separately from APD)? If yes please describe.....

Auditory Processing Assessment

Phone: 81008209 Fax: 83469625 email: info@candohearing.com.au 59-61 Grange Road, Welland SA 5007

Educational information

		Rating Scale				
		Below Avg.		Average		Above Avg.
		1	2	3	4	5
1.	Compare the student's academic performance to required grade level for the following subjects . . . <i>reading</i> <i>maths</i> <i>spelling</i> <i>writing, i.e. written expression</i> <i>art</i> <i>music</i> <i>sport</i>					
2.	Rate the student's confidence in his / her own academic abilities					
3.	Please indicate any of the following that describe the student <i>difficulty developing reading strategies e.g. sounding out new words</i> <i>difficulty reading aloud</i> <i>difficulty comprehending written text/stories</i> <i>reverses letters in written work e.g. /b/ becomes /d/</i> <i>has difficulty maintaining attention to individual tasks for appropriate length of time</i>					

Speech & Language

		Rating Scale			
		Never	Sometimes	Often	Always
		1	2	3	4
1.	In comparison to others in the class, the student ... <i>expresses him/herself easily</i> <i>is willing to contribute in class</i> <i>is successful in retelling an incident or a joke</i> <i>responds to questions without undue hesitation</i> <i>responds appropriately to questions after a story</i> <i>follows instructions well, i.e. in appropriate order</i> <i>is able to pronounce new words</i> <i>has good articulation, i.e. of speech sounds</i> <i>cannot relate what is heard to what is seen</i> <i>forgets what is said in a few minutes</i>				

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Behaviour

		Rating Scale			
<i>Does the student....</i>		Never 1	Sometimes 2	Often 3	Always 4
1.	commences new tasks readily				
2.	demonstrates the following behaviours . . . <i>generally completes task</i> <i>attempts to figure out meaning</i> <i>asks another student for assistance</i> <i>asks the teacher for repetition or more information when uncertain</i>				
3.	participates well in most tasks, activities and social situations				
Any comments on social behaviour?					
4.	Demonstrates the following behaviours. . . <i>shows confusion</i> <i>shows fatigue</i> <i>shows anxiety</i> <i>impulsive</i> <i>works well independently</i> <i>works well in groups</i>				
5.	Please indicate if any of the following apply to this student . . . <i>is successful in relating to peers</i> <i>disorganised</i> <i>has a short attention span</i> <i>is always on the go</i>				
Any further comments on behaviour?					

Memory

		Rating Scale			
		Never 1	Sometimes 2	Often 3	Always 4
1.	In comparison to others in the class, the student demonstrates the ability to... <i>retell stories/relate events</i> <i>learn and retain new vocabulary</i> <i>rehearse information, i.e. says aloud to self</i>				

Listening / Attending

1.	Please indicate if any of the following describe the student	
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	<p><i>complains of sounds being too loud e.g. classroom noise, class activity, speech is easily distracted by other sounds in the classroom environment does not seem to listen from the start Does not attend to oral discussions, morning talks etc. day dreams, 'not with it' at times, attention drifts</i></p>	
<p>Any comments on listening / attention?</p>		

Comprehension

1.	<p>Please indicate if any of the following describe the student</p> <p><i>understands what is said - one to one - in a group</i></p> <p>. looks uncertain following auditory information requires shorter messages, e.g. instructions . requires repetition, e.g. of instructions . is assisted if you slow down your speech does not always realise when s/he is not understanding something</p>	
<p>Any comments?</p>		

Physical Skills

<p>Does this child have difficulties with Fine and/or Gross motor skills (e.g. physical coordination, hand-writing etc.)? If so, please describe...</p>

Sensory Processing

<p>Does this child demonstrate any unusual behaviours in relation to sensory input (e.g. vision, hearing, touch, smell)? If so, please describe...</p>

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Learning Environment

Are there any features of the student's classroom (or other regular learning settings) which are sources of distraction or which prevent optimum learning, e.g. computer area close by, major traffic areas?

General Information

Do you think this student performs to his/her ability?

What do you see as this student's strengths?

What concerns you most about this student?

Audiologist Notes:

Please ensure you return this to the student's parents/carers prior to the intake Auditory Processing Assessment along with any other supporting reports or assessments. Thankyou for your assistance

Please note this information will be shared with the child's parent/guardian in their first assessment.

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