

(Central) Auditory Processing Disorder Teacher Questionnaire

Student's Name: _____
 School: _____

DOB: _____
 Teacher: _____

Please describe your observations and concerns regarding the student's auditory processing abilities: _____

Please select all that apply:

	Yes	No	Increased Difficulty in Noise
Difficulty paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty following simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty with reading/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty recalling instructions/answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrates easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hesitates or is confused when given oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty starting work after instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select how this student compares with their peers:

	Much lower	Lower	Equal	Better	Much better
Class standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary and word usage skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the time of day seem to affect the difficulties above?

Yes No

Does the length of time the child has to listen affect the difficulties above?

Yes No

Does the student do better with written versus verbal instructions?

Yes No

Do you feel this student is reaching their full potential?

Yes No

Does the student have difficulties with their behavior? _____

Which subjects does the student excel? _____

Which subjects does the student have difficulties? _____

Are there strategies currently in place to help this student's hearing and understanding of auditory information?

Yes No

If yes, please describe: _____

