

BUFFALO MODEL QUESTIONNAIRE-REVISED

Name _____ Date _____

Age _____ Grade _____ Form completed by _____

Please circle 'Y' if your child is currently receiving or has received any of the services and indicate the number of years received:

Y Auditory training? ____ yrs	Y Speech therapy? ____ yrs	Y Phonological awareness training? ____ yrs
Y Special phonics training? ____ yrs	Y Reading therapy/tutoring? ____ yrs	Y Sensory-integration training? ____ yrs

1) Please circle 'Y' if this may be a problem or 'N' if not a problem

2) If it does not apply, circle 'NA' (e.g., if a kindergartner has no foreign language training; circle 'NA' for #8)

<p>DEC</p> <p>1) Y N NA Speech (saying sounds)</p> <p>2) Y N NA Understand language</p> <p>3) Y N NA Understand verbal directions</p> <p>4) Y N NA Oral Reading Accuracy</p> <p>5) Y N NA Phonics</p> <p>6) Y N NA Spelling</p> <p>7) Y N NA Responds slowly/delayed</p> <p>8) Y N NA Foreign language learning</p> <p>9) Y N NA Speaks slowly</p> <p>Noi</p> <p>10) Y N NA Hypersensitive to sounds</p> <p>11) Y N NA Distracted by sounds</p> <p>12) Y N NA Understand speech in noise</p> <p>13) Y N NA Noisy child/makes noises</p> <p>Mem</p> <p>14) Y N NA Responds quickly</p> <p>15) Y N NA Frequently interrupts others</p> <p>16) Y N NA Reading Comprehension</p> <p>17) Y N NA Speaks quickly</p> <p>18) Y N NA Forgets things told</p> <p>19) Y N NA Remember oral directions</p> <p>Var</p> <p>20) Y N NA Attention</p> <p>21) Y N NA Using language</p> <p>22) Y N NA ADHD/ADD</p> <p>23) Y N NA Anxiety (e.g. new situations)</p>	<p>INT</p> <p>24) Y N NA Very poor handwriting</p> <p>25) Y N NA Auditory-Visual Integration</p> <p>26) Y N NA Severe reading/spelling</p> <p>27) Y N NA Severe visual perception</p> <p>28) Y N NA Sometimes very long delays</p> <p>29) Y N NA Dyslexia</p> <p>ORG</p> <p>30) Y N NA Keeping things in order</p> <p>31) Y N NA Keeps things in proper sequence</p> <p>32) Y N NA Messy/tends to lose things</p> <p>APD</p> <p>33) Y N NA Ear infections/ ear fluid as child</p> <p>34) Y N NA Processing what is heard</p> <p>35) Y N NA Learning problems (LD)</p> <p>36) Y N NA Following verbal directions</p> <p>37) Y N NA Intellectually challenged</p> <p>38) Y N NA Head injury</p> <p>39) Y N NA Autism or related problem</p> <p>Gen</p> <p>40) Y N NA Hypersensitive to touch</p> <p>41) Y N NA Eye contact with speaker</p> <p>42) Y N NA Long-term memory</p> <p>43) Y N NA Psychological</p> <p>44) Y N NA Behavior</p> <p>45) Y N NA Coordination</p> <p>46) Y N NA Allergies</p> <p>47) Y N NA Math</p> <p>48) Y N NA Hearing</p>
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Comments, explanations, questions: _____

For Office Use Only

DEC	(Noi)	(Mem)	(Var)	TFM	INT	ORG	APD	ΣCAP	(Gen)
/9	(/4)	(/6)	(/4)	/14	/6	/3	/7	/39	(/9)