FISHER'S AUDITORY PROBLEMS CHECKLIST

Student Name ___________________________________________ District/Building __________________________

Date ____________________ Grade _______ Observer ____________________ Position ____________________

Please place a check mark before each item that is considered to be a concern by the observer:

___ 1. Has a history of hearing loss.
___ 2. Has a history of ear infection(s).
___ 3. Does not pay attention (listen) to instruction 50% or more of the time.
___ 4. Does not listen carefully to directions - often necessary to repeat instructions.
___ 5. Says “Huh?” and “What?” at least five or more times per day.
___ 6. Cannot attend to auditory stimuli for more than a few seconds.
    (if this item is checked, ________ 0-2 minutes ________ 5-15 minutes
    also check the most
    appropriate time frame.) ________ 2-5 minutes ________ 15-30 minutes
___ 8. Daydreams - attention drifts - not with it at times.
___ 9. Is easily distracted by background sound(s).
___ 10. Has difficulty with phonics.
___ 11. Experiences problems with sound discrimination.
___ 12. Forgets what is said in a few minutes.
___ 13. Does not remember simple routine things from day to day.
___ 14. Displays problems recalling what was heard last week, month, year.
___ 15. Has difficulty recalling a sequence that has been heard.
___ 16. Experiences difficulty following auditory directions.
___ 17. Frequently misunderstands what is said.
___ 18. Does not comprehend many words - verbal concepts for age/grade level.
___ 19. Learns poorly through the auditory channel.
___ 22. Cannot always relate what is heard to what is seen.
___ 23. Lacks motivation to learn.
___ 24. Displays slow or delayed response to verbal stimuli.
___ 25. Demonstrates below average performance in one or more academic area(s).

Scoring: Four percent credit for each numbered item not checked.

Number of items not checked ________ x 4 = ________

Normative data - grade score from reverse side ________

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