

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.
7. Has a short attention span.
(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.
- ___ 20. Has a language problem (morphology, syntax, vocabulary, phonology).
- ___ 21. Has an articulation (phonology) problem.
- ___ 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).

Section below to be filled out by audiologist.

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

Number of items not checked _____ x 4 = _____

Normative data - grade score from reverse side _____