

FISHER'S AUDITORY PROBLEM CHECKLIST

STUDENT NAME _____ SCHOOL _____

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, also check the most appropriate time frame

___ 0-2 minutes ___ 5-15 minutes ___ 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 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 responses to verbal stimuli.
- ___ 25. Demonstrates below average performance in one or more academic areas.

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

Number of items not checked _____ x 4 = _____