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FISHER'S AUDITORY PROBLEM CHECKLIST

Give to your child’s Teacher(s)

**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 \_\_\_ 2-5 minutes \_\_\_ 5-15 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.

**Please Email** to [Dr.Best@BestHearingSD.com](mailto:Dr.Best@BestHearingSD.com)