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AUDITORY CHECK LIST

1. ____ Confusion in sounds/words heard (*cat/cap, fifteen/fifty*)
2. ____ Confusion in unstructured, noisy areas (*gym, playground, cafeteria, parties, holiday gatherings in home*)
3. ____ Frequently wants things repeated ("*Huh? What?*")
4. ____ Difficulty following oral directions ("*Get dressed, pick up your toys, and feed the dog*")
5. ____ Easily distracted by background sounds
6. ____ Over sensitivity to noises (*hypersensitivity*)
7. ____ Difficulty understanding what is said (*lengthy conversations/lectures*)
8. ____ Difficulty speaking/listening on the phone
9. ____ Inability to selectively listen to speech
10. ____ Trouble understanding people with accents
11. ____ Difficulty remembering sequence of stories or directions
12. ____ Doesn't like to be read to
13. ____ Prefers videos to books
14. ____ Difficulty sitting for story time, circle time
15. ____ Confuses the sequence of sounds ("*bakset*" for "basket") or words in sentences ("*tup of key*" for "cup of tea")

- CHECK: ____ *History of ear diseases/infections/fluids*
____ *Delayed onset speech*
____ *Birth trauma (Low APGAR, low birth weight, etc.)*
____ *Bilingual exposure (English as a second language)*
____ *History of LD, dyslexia in family*