

SCAPD Parent's Checklist

Child's Name: _____ School: _____ Teacher: _____
 Child's Date of Birth: _____ Age: _____ Speech-Language Pathologist: _____
 Grade/Placement: _____ Current Date: _____

INSTRUCTIONS: Please identify difficulties you have noted when your child listens under the conditions below.
 Scoring: Noted (**N**), Not Noted (**NN**) or Do Not Know (**DNK**)

 N NN DNK

My child appears to have difficulties

- 1. listening in noise when compared to peers.....1. _____
- 2. following simple directions.....2. _____
- 3. following complicated directions.....3. _____
- 4. following directions to be carried out later.....4. _____
- 5. listening at a distance from the speaker.....5. _____
- 6. locating a sound source or location.....6. _____
- 7. understanding abstract information (when listening).....7. _____
- 8. making sense of logic-based information (when listening).....8. _____
- 9. listening to lengthy conversations.....9. _____
- 10. maintaining attention to what is being said (auditory focus).....10. _____
- 11. maintaining a good self-image (self-esteem).....11. _____
- 12. interacting in peer and/or sibling relationships.....12. _____
- 13. interpreting the emotions or feelings of others.....13. _____
- 14. associating letters with the sounds that they make.....14. _____
- 15. recalling names, dates, phone numbers, and so on.....15. _____

In addition, my child...

- 16. says "Huh?" or "What?" frequently.....16. _____
- 17. is easily distracted when listening.....17. _____
- 18. seems to give slow or delayed responses when listening.....18. _____
- 19. exhibits behavior problems.....19. _____
- 20. is disorganized or messy.....20. _____
- 21. performs better in one-to-one settings.....21. _____
- 22. has a speech and/or language problem.....22. _____
- 23. frequently mishears what is said (e.g., *coat* for *boat*/*call* for *ball*).....23. _____
- 24. seems to "listen" better when looking at the speaker.....24. _____
- 25. frequently asks for repetitions of what is said.....25. _____
- 26. shows unusual or exaggerated reactions to sudden and/or loud sounds.....26. _____
- 27. seems to have a low frustration threshold.....27. _____
- 28. has difficulty with auditory sequences (e.g., combining parts/*c-a-t*).....28. _____
- 29. has frequent ear infections.....29. _____
- 30. seems to give inappropriate responses when listening.....30. _____

Response Totals:

Noted (**N**): _____ Not Noted (**NN**): _____ Do Not Know (**DNK**): _____

Is there other information that may be relevant (e.g., vision problems or overall effort made)?
