PRINCE RUPERT School District No. 52

Hearing Resource Program
Student Support Services SD52
825 Conrad Street, Prince Rupert BC V8J3B
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HEARING PRE-REFERRAL FORM
AUDITORY CHECKLIST FOR TEACHERS / PARENTS

This checklist is to help teachers and parents assess whether a child might be having problems with his or her auditory system (hearing, auditory processing or auditory integration).
Check off any item that describes the child's behavior or history.If you check off many "yes" (5 or more) items consider scheduling an audiological assessment. (hearing test).

Student Name	School / Grade	DOB

No	Item	Yes	No
1.	Has a history of hearing loss.		
2.	Has a history of ear infection (s).		
3.	Has difficulty following verbal directions. Often necessary to repeat instruction.		
4.	Makes frequent mistakes when given directions verbally.		
5.	Says “Huh” and “What” at least 5 times or more a day.		
6.	Experiences problems with sound discrimination.		
7.	Forgets what is said in a few minutes.		
8.	Easily distracted by background noise.		
9.	Shows a tendency to withdraw or "daydream".		
10.	Does not pay attention (listen) to instruction 50% or more of the time.		
11.	Has "startle" response to sudden sound or movement.		
12.	Has a short attention span.		
13.	Turns TV or other devices to loud settings.		
14.	Gives inappropriate or irrelevant answers.		
15.	Appears to strain to listen.		
16.	Tends to watch others before beginning a task.		
	TOTAL “Yes” & “No”		
Description of other problems observed:			

Form completed by	Date completed	
Has parent/guardian been notified prior to referral?	YES	NO
Date notified, phone call etc. please provide brief detail		