

AUDIOLOGICAL REFERRAL AND PARENT CONSENT

_____ has been referred to the ESU 10 Audiologist for more in-depth testing to determine if there is a hearing problem. Testing is scheduled in Kearney. Pam Deterding, ESU 10 Secretary, will be calling you to set up an appointment after she receives this form.

Referral Source _____
Name _____ Position _____

THIS REFERRAL FORM MUST BE APPROVED BY THE LOCAL SCHOOL DISTRICT BEFORE SENDING IT TO ESU 10.

Referral Reason:

Pure Tone Testing
 Hearing Aid Testing (bring hearing aid/s) Auditory Trainer Testing (bring all parts of the auditory trainer)

There are special circumstances which may require extra time or assistance in testing.

Comments: _____

School Audiogram: (if available)	250	500	1000	2000	4000	6000	8000
R: _____							
L: _____							

Name _____ School _____ Grade _____

Teacher _____ Birthdate _____ Age _____ Sex _____

Parent(s)/Guardian _____ Address _____

Name _____ Street/Route _____
City _____ State _____ Zip _____

Phone where parent may be reached from 8:00 a.m.-5:00 p.m. _____

Home Phone (if different from the one listed above) _____

CASE HISTORY

Does your child have:

A. Known Hearing Loss Yes No
(If yes, please provide audiograms from past years.)

History of Ear Infections _____

Tubes Yes No

B. Allergies/Upper Respiratory Infection _____

Case History, continued.

- C. Is your child taking any medication? Yes No
- D. Medical conditions _____
Syndrome _____ Other _____
- E. Head injuries and/or serious illness _____
- F. Hearing Aid Yes No **If yes, bring hearing aid to the test.**
Auditory Trainer Yes No **If yes, bring to the test.**
- G. Exposure to noise Yes No
- H. Is there a history of hearing loss in the family other than old age?
 Yes No
- I. Name and Address of Physician(s): _____

Has your child had a hearing test by a doctor or audiologist in their office previously? Yes No Please send or bring a copy of the test results to ESU 10 on or before your child's test date.

- J. Is your child in:
 Speech/Language Therapy Teacher's Name _____
 Resource Teacher's Name _____
 Chapter I Teacher's Name _____

PARENT AUTHORIZATION

I, (We), _____ the legal parent(s)/guardian(s) of _____ do hereby authorize the ESU 10 Audiologist to conduct a complete hearing evaluation. I (We) hereby authorize the ESU 10 Audiologist to release all audiological information to agencies or individuals who are functioning to habilitate my (our) child and to obtain all testing information from these agencies or individuals pertaining to my (our) child. I (We) hereby give permission for UNK Speech/Language students and faculty to observe the evaluation of my (our) child.

Date

Signature of Parent(s)/Guardian(s)

Date

Signature of School District Administrator
or Class I School Board Member

Referral and Parent Consent for Auditory Processing Evaluation

_____ has been referred to the ESU 10 Audiologist for more in-depth testing of auditory processing ability. Testing is scheduled in Kearney. Pam Deterding, ESU 10 Secretary, will be calling you to set up an appointment after she receives this form.

Student's name _____ D.O.B. _____

School _____ Grade ____ Teacher _____

Referral Source (name and position): _____

Referral Date: _____

Parent(s)/Guardian name(s): _____

Address: _____
City State Zip

Phone where parent may be reached from 8:00 a.m.- 5:00 p.m.:

Home phone (if different from the one listed above): _____

PARENT AUTHORIZATION

I, (We), _____ the legal parent(s)/guardian(s) of

_____ do hereby authorize the ESU 10 Audiologist to conduct a complete hearing evaluation. I (We) hereby authorize the ESU 10 Audiologist to release all audiological information to agencies or individuals who are functioning to habilitate my (our) child and to obtain all testing information from these agencies or individuals pertaining to my (our) child. I (We) hereby give permission for UNK Speech/Language students and faculty to observe the evaluation of my (our) child.

Date

Signature of Parent(s)/Guardians

Date

Signature of School District Admin.
Or Class 1 School Board Member

(Continued over on back)

Please note the following guidelines and factors that may influence the referral for an AP evaluation at this time.

- **Peripheral hearing.** Hearing sensitivity must be normal in both ears on the day of test.
- **Age of child.** Assessment is generally not appropriate until a child is 7 years of age due to high degree of variability in performance due to neuromaturation of auditory pathways; however, a SCREENING may be appropriate for those 5-7 yrs. of age.
- **Cognitive ability.** Performance on central auditory tasks is greatly affected by cognitive ability. Thus, any child assessed must have ability within the normal range 85 or above; however, please note if less than 100.
- **Language competence.** Child must have English as 1st language (no auditory processing tests are standardized in other languages, and ESL/ELL students cannot be legitimately evaluated). Also children with poor language skills will generally have more difficulty with CAP tasks, particularly those who require more sophisticated language processing (e.g., linguistically loaded tasks); results must be interpreted with caution.
- **Phonology.** Most CAP tests require a verbal response; therefore, the student's speech must be highly intelligible.
- **Medication.** If child is on any CNS medication they need to have taken them the day the evaluation is completed. This includes ADD/ADHD meds.

Brief Statement of Reason for Referral (What do you hope to gain from this evaluation):

Collateral Test Data: Summarize below or attach available test data (e.g., speech/language, psychological, academic, processing). SAT/MDT (Attach copy of concerns, strengths, weaknesses, results, etc.)

Send this completed form along with case history forms, surveys and questionnaires to Pam Deterding or Jennifer Gutzwiller at ESU #10, 76 Plaza Blvd PO Box 850, Kearney, NE 68848-0850. Upon receipt of this information, Pam will contact parents to schedule an appointment.

Central Auditory Processing: Case History

Name _____ D.O.B. _____ Date _____

School _____ Gr. _____ Teacher _____

Classroom Type: open pod _____ traditional _____ portable/modular _____

Student's preferred hand: right _____ left _____ Physician _____

Completed by: _____ Telephone _____

Otologic History

(Ear problem includes: ear infection, earaches, draining ears, medicine taken for an ear problem, doctor noticed fluid behind the eardrum, hole in eardrum, etc.)

1. How many ear problems has your child had?

None _____ 1-2 _____ 3-5 _____ 6-10 _____ 10 or more _____

2. Has your child had an ear problem in the last 6 months?

If yes, when? _____ What type of ear problem? _____ yes no

Was medication given? _____ yes no

3. Does your child have any of the following?

• frequent runny nose	yes no	• ringing or buzzing in the ear(s)	yes no
• frequent colds or sinus infections	yes no	• dizziness	yes no
• allergies	yes no		

4. Has anyone related to the child had any ear problems?

yes no

Who? (parent, brother, sister, cousin, etc.) _____

What type of ear problem? _____

5. Has your child ever been seen by an Ear, Nose & Throat (ENT) doctor?

yes no

If yes, which doctor? _____ When? _____

6. Has your child ever had any ear surgery?

yes no

If yes, describe.

7. Has your child previously had his/her hearing tested by an audiologist?

yes no

If yes, by whom? _____ When? _____

What were the results?

8. Does your child have any permanent hearing loss? If yes, describe.

yes no

Has your child ever used amplification? If yes, describe

yes no

Family History

1. Is there a family history of learning problems? If yes, explain.	yes no
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Developmental History

1. Were there complications before, during or after your child's birth? If yes, explain.	yes no
2. Were there any delays in your child's development? If yes, explain.	yes no
3. Has your child had any serious illnesses or accidents? If yes, explain.	yes no
4. Does your child take any medications? If yes, list.	yes no

Listening and Understanding

1. Do you think your child has a problem listening or understanding? If yes, give examples. How long have you been aware of this problem?	yes no
2. Does your child have difficulty with any subjects at school? If yes, please list.	yes no
3. What are your child's best subjects in school?	
4. Does your child participate in any special class(es) or therapies? If yes, describe.	yes no
5. Has your child been tutored? If yes, describe	yes no

FISHER'S AUDITORY PROBLEMS CHECKLIST

Student Name _____ District/Building _____

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 a 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 response to verbal stimuli.
- 25. Demonstrates below average performance in one or more academic area(s).

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

Number of items **not** checked _____ x 4 = _____.

Normative data - grade score from reverse side _____.

Behaviors and Characteristics

Indicate (X) if your child exhibits any of the following behaviors or characteristics.

- | | | |
|--|--|--|
| <input type="checkbox"/> sensitive to loud sounds | <input type="checkbox"/> daydreams | <input type="checkbox"/> lacks motivation |
| <input type="checkbox"/> appears to be confused in noisy places | <input type="checkbox"/> forgetful | <input type="checkbox"/> uncooperative |
| <input type="checkbox"/> easily upset by new situations | <input type="checkbox"/> asks for repetition | <input type="checkbox"/> disobedient |
| <input type="checkbox"/> difficulty following and/or understanding TV programs | <input type="checkbox"/> reverses words, numbers, or letters | <input type="checkbox"/> destructive - |
| <input type="checkbox"/> difficulty following directions | <input type="checkbox"/> prefers to play with older children | <input type="checkbox"/> inappropriate social behavior |
| <input type="checkbox"/> does opposite of what is requested | <input type="checkbox"/> prefers to play with younger children | <input type="checkbox"/> does not complete assignments |
| <input type="checkbox"/> restless; problems sitting still | <input type="checkbox"/> seeks attention | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> overly active | <input type="checkbox"/> disruptive or rowdy | <input type="checkbox"/> tires easily |
| <input type="checkbox"/> short attention span | <input type="checkbox"/> temper tantrums | <input type="checkbox"/> irritable |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> shy | <input type="checkbox"/> dislikes school |
| <input type="checkbox"/> easily distracted | <input type="checkbox"/> anxiety | <input type="checkbox"/> fakes illnesses |
| | <input type="checkbox"/> lacks self-confidence | |
| | <input type="checkbox"/> awkward, clumsy | |

Please provide additional information to help us understand your child's strengths and weaknesses.

FISHER'S AUDITORY PROBLEMS CHECKLIST

Student Name _____ District/Building _____

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, _____ 0-2 minutes _____ 5-15 minutes
also check the most ap- _____ 2-5 minutes _____ 15-30 minutes
propriate time frame.)
- 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 a 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 response to verbal stimuli.
- 25. Demonstrates below average performance in one or more academic area(s).

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

Number of items **not** checked _____ x 4 = _____.

Normative data - grade score from reverse side _____.

Fisher's Auditory Problems Checklist includes the following components of auditory processing:

Association	Localization
Attention	Long Term Memory
Attention Span	Motivation
Auditory-Visual Integration	Performance
Closure	Recognition
Comprehension	Sensitivity
Discrimination	Sequential Memory
Figure-Ground	Short Term Memory
Identification	Speech-Language Problems

NORMATIVE DATA FOR FISHER'S AUDITORY PROBLEMS CHECKLIST

GROUP	APPROXIMATE AGE RANGE	MEAN
Kindergarten	(Age 5.0 - 5.11)	92.0%
First	(Age 6.0 - 6.11)	89.9%
Second	(Age 7.0 - 7.11)	87.0%
Third	(Age 8.0 - 8.11)	85.6%
Fourth	(Age 9.0 - 9.11)	85.9%
Fifth	(Age 10.0 - 10.11)	87.4%
Sixth	(Age 11.0 - 11.11)	80.0%
Total Group (N = 280)		86.8%
Cut-Off Score Suggesting Need For Further Evaluation		72.0%
One SD Below Group Mean		68.6%
Two SD Below Group Mean		50.4%

Secondary S.I.F.T.E.R.

Screening Instrument For Targeting Educational Risk in Secondary Students

By Karen L. Anderson, Ph.D.

This scale has been designed to screen for educational risk in secondary students that have hearing loss. The effects of hearing impairment are frequently invisible. Regular monitoring of performance can assist in determining if a student is successfully accessing verbal instruction in the typical classroom. Based on your observations and familiarity with this student, circle the number that best represents his or her behavior:

Student's Name _____ Grade _____

Class _____ Teacher _____ Date _____

School _____ Student typically uses amplification? Yes No Type _____

					Academics
1. How does the student's general foundation skills (i.e., reading level) compare to the difficulty of work expected in class?	Above	Average	Below		
	5	4 3	2	1	
2. How does the student's ability to summarize and draw conclusions about information presented in class compare to his/her class peers?	Above	Average	Below		Academics
	5	4 3	2	1	
3. How does the student's demonstration of academic skill growth compare to class peers/expectations?	Above	Average	Below		
	5	4 3	2	1	Academics
<hr/>					
1. When called upon and asked a question, how often does the student appear to have been attending to teacher instruction? (he/she appears to understand the basis of the question)	Always	Often	Rarely		
	5	4 3	2	1	
2. How successful is the student at avoiding distraction by noises, visual distractions, personal items, or activities unrelated to class instruction?	Always	Often	Rarely		
	5	4 3	2	1	Attention
3. How does the student's attention to detail compare to class peers/expectations (avoiding careless mistakes)?	Above	Average	Below		
	5	4 3	2	1	
<hr/>					
1. How well does the student communicate his/her needs to the teacher in comparison to class peers/expectations?	Above	Average	Below		Communication
	5	4 3	2	1	
2. How does the student's word usage skills compare to class peers/expectations (i.e., written, verbal, signed vocabulary)?	Above	Average	Below		
	5	4 3	2	1	Communication
3. What is your estimate of the student's ability to assimilate teacher instruction (presented verbally or visually) in comparison to class peers/expectations?	Above	Average	Below		
	5	4 3	2	1	
<hr/>					
1. In comparison to class peers, what is the student's present level of meaningful contribution to classroom discussions?	Above	Average	Below		Class Participation
	5	4 3	2	1	
2. To what level does the student demonstrate a recognition that participation is an integral part of the learning process?	Above	Average	Below		
	5	4 3	2	1	Class Participation
3. During cooperative group activities, how often does the student interact with others to achieve the goals of group work?	Always	Often	Rarely		
	5	4 3	2	1	
<hr/>					
1. How often does the student demonstrate respectful behavior toward others in class (peers and teacher)?	Always	Frequently	Occasionally		School Behavior
	5	4 3	2	1	
2. How often does the student follow classroom rules compared to class peers/expectations?	Always	Frequently	Occasionally		
	5	4 3	2	1	School Behavior
3. To what level does the student appear to be accepted by his/her peers?	Popular	Average	Isolated		
	5	4 3	2	1	

TEACHER COMMENTS

Has the student had frequent absences or experienced health problems? Does the student receive special services? Does the student have any problems that may be pertinent to his/her educational performance?

THE SECONDARY SIFTER IS A SCREENING TOOL ONLY

Students scoring in the failing range have scored in a manner consistent with students that scored at greater than one standard deviation below the mean compared to a group of 97 secondary students (40 with normal hearing, 57 with hearing impairment). Students scoring in the marginal range have scored similar to test group students scoring below the mean and -1 standard deviation. Scores falling within both PASS and MARGINAL range occur within the broad range of normal performance as compared to the test group. Students scoring in the pass range have scored in a manner consistent to those in the test group who were at or above the group mean. Any student failing this screening in a content area as determined on the scoring grid below should be considered for educational accommodations or services specific to improving the student's access to instruction and success in the regular classroom.

SCORING

Sum the responses to the three questions in each content area, and record in the appropriate box under Total Score below. Place an X on the number that corresponds most closely with each content area score (e.g., if a teacher circled a 3, 4, and 2 for the questions in the Academics area, an X would be placed on the number 9 across from the Academics content area). Connect the X's to make a profile.

CONTENT AREA	TOTAL SCORE	PASS					MARGINAL		FAIL								
		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	
ACADEMICS		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	
ATTENTION		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	
COMMUNICATION		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	
CLASS PARTICIPATION		15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	
SCHOOL BEHAVIOR		15	14	13	12	11		10	9	8	7	6	5	4	3	2	1
		+1 SD		Mean			-1 SD		-2 SD								

PRESCHOOL S.I.F.T.E.R.

Screening Instrument for Targeting Educational Risk in Preschool Children (age 3-Kindergarten)

by Karen L. Anderson, Ed.S. & Noel Matkin, Ph.D.

Child _____ Teacher _____ Age _____

Date Completed ____/____/____ School _____ District _____

The above child is suspect for hearing problems which may affect his/her ability to listen, pay attention, develop language, follow teacher instruction and learn normally. This rating scale has been designed to sift out children who are at risk for educational delay and who may need further evaluation. Based on your knowledge of this child, circle the number that best represents his/her behavior. If the child is a member of a class that has students with special needs, comparisons should be made to normal learning classmates or normal developmental milestones. Please share additional comments about the child on the reverse side of this form.

1. How well does the child understand basic concepts when compared to classmates (e.g., colors, shapes, etc.)?	ABOVE 5	AVERAGE 4	BELOW 3	2	1	PRE-ACADEMICS	<input type="checkbox"/>
2. How often is the child able to follow two-part directions?	ALWAYS 5	FREQUENTLY 4	SELDOM 3	2	1		
3. How well does the child participate in group activities when compared to classmates (e.g., calendar, sharing)?	ABOVE 5	AVERAGE 4	BELOW 3	2	1		
4. How distractible is the child in comparison to his/her classmates during large group activities?	SELDOM 5	OCCASIONAL 4	FREQUENT 3	2	1	ATTENTION	<input type="checkbox"/>
5. What is the child's attention span in comparison to classmates?	LONGER 5	AVERAGE 4	SHORTER 3	2	1		
6. How well does the child pay attention during a small group activity or story time?	ABOVE 5	AVERAGE 4	BELOW 3	2	1		
7. How does the child's vocabulary and word usage skills compare to classmates?	ABOVE 5	AVERAGE 4	BELOW 3	2	1	COMMUNICATION	<input type="checkbox"/>
8. How proficient is the child at relating an event when compared to classmates?	ABOVE 5	AVERAGE 4	BELOW 3	2	1		
9. How does the child's overall speech intelligibility compare to classmates (i.e., production of speech sounds)?	ABOVE 5	AVERAGE 4	BELOW 3	2	1		
10. How often does the child answer questions appropriately (verbal or signed)?	ALMOST ALWAYS 5	FREQUENTLY 4	SELDOM 3	2	1	CLASS PARTICIPATION	<input type="checkbox"/>
11. How often does the child share information during group discussions?	ALMOST ALWAYS 5	FREQUENTLY 4	SELDOM 3	2	1		
12. How often does the child participate with classmates in group activities or group play?	ALMOST ALWAYS 5	FREQUENTLY 4	SELDOM 3	2	1		
13. Does the child play in socially acceptable ways (i.e., turn taking, sharing)?	ALMOST ALWAYS 5	FREQUENTLY 4	SELDOM 3	2	1	SOCIAL BEHAVIOR	<input type="checkbox"/>
14. How proficient is the child at using verbal language or sign language to communicate effectively with classmates (e.g., asking to play with another child's toy)?	ABOVE 5	AVERAGE 4	BELOW 3	2	1		
15. How often does the child become frustrated, sometimes to the point of losing emotional control?	NEVER 5	SELDOM 4	FREQUENTLY 3	2	1		

TEACHER COMMENTS: (frequent absences, health problems, other problems or handicaps in addition to hearing?)

The Preschool S.I.F.T.E.R. is a SCREENING TOOL ONLY. The primary goal of the Preschool S.I.F.T.E.R. is to identify those children who are at-risk for developmental or educational problems due to hearing problems and who merit further observation and investigation. Analysis has revealed that two factors, expressive communication and socially appropriate behavior, discriminate children who are normal from those who are at-risk. The greater the degree of hearing problem, the greater the impact on these two factors and the higher the validity of this screening measure. If a child is found to be at-risk then the examiner is encouraged to calculate the total score in each of the five content areas. Analysis of the content area score may assist in developing a profile of the child's strengths and special needs. The profile may prove beneficial in determining appropriate areas for evaluation and developing an individual program for the child.

SCORING

There are two steps to the scoring process. First, enter scores for each of the indicated questions in the spaces provided and sum the total of the 6 questions for the expressive communication factor and then the 4 questions for the socially appropriate behavior factor. If the child's scores fall into the At-Risk category for either or both of these factors, then sum the 3 questions in each content area to develop a profile of the child's strengths and potential areas of need.

Enter circled response from reverse side for each indicated question

EXPRESSIVE COMMUNICATION	1	SOCIALLY APPROPRIATE BEHAVIOR
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
Total Score 6 questions		Total Score 4 questions

EXPRESSIVE COMMUNICATION

(check one)

PASS (14 - 30)
score range

AT-RISK (6 - 13)
score range

SOCIALLY APPROPRIATE BEHAVIOR

(check one)

PASS (12 - 20)
score range

AT-RISK (4 - 11)
score range

SKILLS PROFILE

CONTENT AREA	TOTAL SCORE (enter)	PASS RANGE	AT-RISK RANGE	SCREENING RESULTS (circle)	
PREACADEMICS		7 - 15	3 - 6	Pass	At-Risk
ATTENTION		9 - 15	3 - 8	Pass	At-Risk
COMMUNICATION		9 - 15	3 - 8	Pass	At-Risk
CLASS PARTICIPATION		7 - 15	3 - 6	Pass	At-Risk
SOCIAL BEHAVIOR		9 - 15	3 - 8	Pass	At-Risk

Sum the responses to the 3 questions in each content area from the reverse side. Enter the total score for each content area in the Total Score column above.

C. H. A. P. S.

Children's Auditory Performance Scale

by Walter J. Smoski, Ph.D., Michael A. Brunt, Ph.D., J. Curtis Tannahill, Ph.D.

Child's Name _____ Age (years _____ months _____) Date Completed _____
 Name of Person _____
 Completing CHAPS _____ Relationship to Child _____

PLEASE READ INSTRUCTIONS CAREFULLY

Answer all questions by comparing this child to other children of similar age and background. Do not answer the questions based only on the difficulty of the listening condition. For example, all 8-year-old children, to a certain extent, may not hear and understand when listening in a noisy room; this would be a difficult listening condition for all children. However, some children may have more difficulty in this listening condition than others. You must judge whether or not THIS child has MORE difficulty than other children in each listening condition cited. Please make your judgment using the following response choices. CIRCLE a number for each item. For ages 7 and above.

LESS DIFFICULTY
 SAME AMOUNT OF DIFFICULTY
 SLIGHTLY MORE DIFFICULTY
 MORE DIFFICULTY
 CONSIDERABLY MORE DIFFICULTY
 SIGNIFICANTLY MORE DIFFICULTY
 CANNOT FUNCTION AT ALL

LISTENING CONDITION

NOISE

TOTAL
CONDITION
SCORE

If listening in a room where there is background noise such as TV, music, others talking, children playing, etc., this child has difficulty hearing and understanding compared to other children of similar age and background

- | | | | | | | | |
|--|----|---|----|----|----|----|----|
| 1. When paying attention | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 2. When being asked a question | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 3. When being given simple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 4. When being given complicated, multiple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 5. When not paying attention | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 6. When involved with other activities, i.e., coloring, reading, etc | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 7. When listening with a group of children | +1 | 0 | -1 | -2 | -3 | -4 | -5 |

COMMENTS:

QUIET

TOTAL
CONDITION
SCORE

If listening in a quiet room (others may be present, but are being quiet), this child has difficulty hearing and understanding compared to other children of similar age and background.

- | | | | | | | | |
|---|----|---|----|----|----|----|----|
| 8. When paying attention | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 9. When being asked a question | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 10. When being given simple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 11. When being given complicated, multiple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 12. When not paying attention | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 13. When involved with other activities, i.e., coloring reading, etc. | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 14. When listening with a group of children | +1 | 0 | -1 | -2 | -3 | -4 | -5 |

COMMENTS:

IDEAL

TOTAL
CONDITION
SCORE

When listening in a quiet room, no distractions, face-to-face, and with good eye contact, this child has difficulty hearing an understanding compared to other children of similar age and background.

- | | | | | | | | |
|---|----|---|----|----|----|----|----|
| 15. When being asked a question. | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 16. When being given simple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 17. When being given complicated, multiple instructions | +1 | 0 | -1 | -2 | -3 | -4 | -5 |

COMMENTS:

MULTIPLE INPUTS

TOTAL
CONDITION
SCORE

When, in addition to listening, there is also some other form of input, (i.e., visual, tactile, etc.) this child has difficulty hearing and understanding compared to other children of similar age and background.

- | | | | | | | | |
|--|----|---|----|----|----|----|----|
| 18. When listening and watching the speaker's face | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 19. When listening and reading along when material is read aloud by another | +1 | 0 | -1 | -2 | -3 | -4 | -5 |
| 20. When listening and watching someone provide an illustration, such as a model, drawing, information on the overhead projector or chalkboard, etc. | +1 | 0 | -1 | -2 | -3 | -4 | -5 |

COMMENTS:

LISTENING CONDITION

AUDITORY MEMORY SEQUENCING

- If required to recall spoken information, this child has difficulty hearing and understanding compared to other children of similar age and background
21. Immediately recalling information such as a word, word spelling, numbers
 22. Immediately recalling simple instructions
 23. Immediately recalling multiple instructions
 24. Not only recalling information, but also the order and sequence of the information
 25. When delayed recollection (1 hour or more) of words, word spelling, numbers, etc. is required
 26. When delayed recollection (1 hour or more) of simple instructions is required
 27. When delayed recollection (1 hour or more) of multiple instructions is required
 28. When delayed recollection (24 hours or more) is required
- COMMENTS:

	LESS DIFFICULTY	SAME AMOUNT	SLIGHTLY MORE	MORE DIFFICULTY	CONSID. MORE	SIGNIFIC. MORE	CAN'T FUNCTION
21.	+1	0	-1	-2	-3	-4	-5
22.	+1	0	-1	-2	-3	-4	-5
23.	+1	0	-1	-2	-3	-4	-5
24.	+1	0	-1	-2	-3	-4	-5
25.	+1	0	-1	-2	-3	-4	-5
26.	+1	0	-1	-2	-3	-4	-5
27.	+1	0	-1	-2	-3	-4	-5
28.	+1	0	-1	-2	-3	-4	-5

TOTAL
CONDITION
SCORE

AUDITORY ATTENTION SPAN

- If extended periods of listening are required, this child has difficulty paying attention, that is, being attentive to what is being said compared to other children of similar age and background.
29. When the listening time is less than 5 minutes
 30. When the listening time is 5-10 minutes
 31. When the listening time is over 10 minutes
 32. When listening in a quiet room
 33. When listening in a noisy room
 34. When listening first thing in the morning
 35. When listening near the end of the day, i.e., before supper time
 36. When listening in a room where there are also visual distractions
- COMMENTS:

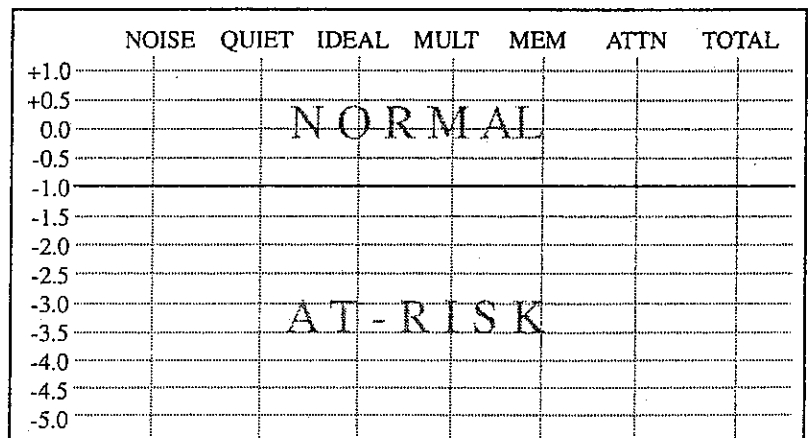
	LESS DIFFICULTY	SAME AMOUNT	SLIGHTLY MORE	MORE DIFFICULTY	CONSID. MORE	SIGNIFIC. MORE	CAN'T FUNCTION
29.	+1	0	-1	-2	-3	-4	-5
30.	+1	0	-1	-2	-3	-4	-5
31.	+1	0	-1	-2	-3	-4	-5
32.	+1	0	-1	-2	-3	-4	-5
33.	+1	0	-1	-2	-3	-4	-5
34.	+1	0	-1	-2	-3	-4	-5
35.	+1	0	-1	-2	-3	-4	-5
36.	+1	0	-1	-2	-3	-4	-5

TOTAL
CONDITION
SCORE

SCORING: The CHAPS can be scored two ways. Add the circled responses for each condition and place the sum in the Total Condition Score box in under each listed listening condition. Be careful to note "+" and "-" values when adding. Transcribe these sums as indicated below and determine the average score for each listening condition. The Total Condition Scores can be compared to the indicated PASS and FAIL ranges and the appropriate box checked. In addition, the average condition scores can be plotted on the graph to display performance as compared to the normal range. See the CHAPS manual for more complete validity and interpretation information.

LISTENING CONDITION	TOTAL CONDITION SCORE	AVERAGE CONDITION SCORE	Pass	Risk
NOISE	_____ ÷ 7 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
QUIET	_____ ÷ 7 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
IDEAL	_____ ÷ 3 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE	_____ ÷ 3 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MEMORY	_____ ÷ 8 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ATTENTION	_____ ÷ 8 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____ ÷ 36 = _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CHAPS Listening Condition Analysis: Transfer Average Condition Scores by entering "X" on graph (round 0.5 scores up to next decimal).



TOTAL CONDITION SCORE:
PASS RANGE +36 to -11
AT-RISK RANGE -12 to -130

NOTE: Children who score in the at-risk range on the CHAPS will not necessarily require a special academic support program in school. Research found that 45% of students scoring in the at-risk range required no special support services. 50% of students scoring in the at-risk range had below grade level reading ability. 55% required some type of special support or accommodations to achieve success in school.