

## FISHER'S AUDITORY PROBLEMS CHECKLIST

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Observer/relationship: \_\_\_\_\_

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 infections.
- 3. Does not pay attention (listen) to instructions 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 5 or more times per day.
- 6. Cannot attend to auditory stimuli for more than a few seconds.
- 7. Has a short attention span.  
(If item 7 is checked, then check the most appropriate time frame.  
 0-2 minutes     2-5 minutes     5-15 minutes     15-30 minutes
- 8. Day dreams- attention shifts- not with it at times.
- 9. Easily distracted by background sounds.
- 10. Difficulty with phonics, spelling, writing.
- 11. Experiences problems with sound discrimination.
- 12. Forgets what is said in a few minutes.
- 13. Does not remember routine things from day to day.
- 14. Displays problems recalling what was heard last week, month, and year.
- 15. 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 their educational 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: 4% credit for each numbered item not checked.

Number of items not checked \_\_\_\_\_ x 4 = \_\_\_\_\_.

Normative data- grade score from reverse side \_\_\_\_\_.