

Fisher's Auditory Problems Checklist

Student Name _____ Date _____

Grade _____ School _____ District _____

Name of Observer who is completing this checklist _____

Observer's title/position _____

Please place a check mark before each item that is considered to be a concern by the observer.

- Has a history of hearing loss
- Has a history of ear infections
- Does not pay attention (listen) to instruction 50% or more of the time
- Does not listen carefully to directions – often necessary to repeat instructions
- Says “Huh?” or “What?” at least five or more times per day
- Cannot attend to auditory stimuli for more than a few seconds
- Has a short attention span
(If this item is check, also check the most appropriate time frame)
 0-2 min. 2-5 min. 5-15 min. 15-30 min.
- Daydreams – attention drifts – not with it at times
- Is easily distracted by background sound(s).
- Has difficulty with phonics
- Experiences problems with sound discrimination
- Forgets what is said in a few minutes
- Does not remember simple routine things from day to day
- Displays problems recalling what was heard last week, month, year
- Has difficulty recalling a sequence that has been heard
- Experiences difficulty following auditory directions
- Frequently misunderstands what is said
- Does not comprehend many words – verbal concepts for age/grade level
- Learns poorly through the auditory channel
- Has a language problem (morphology, syntax, vocabulary, phonology)
- Has an articulation (phonology) problem
- Cannot always relate what is heard to what is seen
- Lacks motivation to learn
- Displays slow or delayed response to verbal stimuli
- Demonstrates below average performance in one or more academic area(s)