

**Parent Questionnaire**

**PLEASE DO NOT USE HIGH LIGHTERS ON THIS PAPERWORK**

Child's Name:		DOB:		Age:	
Parent/Caregiver's Name(s):					
Address:	Number:	Street:	Suburb:	Postcode:	
Email:					
Phone:	Home:	Mobile:	Work:		
School:	Name: Address:	Class Teacher/Year Level		Name: Year level:	
Referred by :	Name: Title:	Postal address: Email: Phone:			Postcode:
GP details :	Name:	Clinic Name: Clinic Address: Clinic Phone:			
Reason for Referral :				Referral letter/report attached:	Yes / No
Person (s) completing questionnaire :				Date:	
Other Professionals seen eg Psychologist, Speech Therapist				Reports attached	Yes/No

Your answers to the following questions will provide us with useful information about your child's listening and other behaviours. This will contribute greatly to our assessment of your child's auditory processing abilities.

**Listening Behaviour**

1. Is your child easily distracted by noise (i.e. television, radio, people talking)?	Y / N
2. Does your child misunderstand things said in a noisy environment?	Y / N
3. Does your child show a lack of understanding when people speak fast?	Y / N
4. Does your child have difficulties in locating the direction of a sound?	Y / N
5. When given an instruction, does your child watch other children and copy them?	Y / N
6. Does your child avoid listening/talking activities?	Y / N
7. Does your child understand people with accents?	Y / N

**Speech and Language abilities**

1. Does your child have difficulties repeating all that he/she has heard?	Y / N
2. Does your child have difficulty following simple verbal instructions (e.g. sit up at the table)?	Y / N
3. Does your child have difficulty following complex verbal instructions (e.g. put your school bag in your room, take off your shoes and bring your book back to the table)?	Y / N
4. Does your child often ask for questions/instructions to be repeated?	Y / N
5. Does your child respond appropriately to questions asked?	Y / N
6. Does your child respond slowly when asked a question?	Y / N
7. Do you have to ensure your child is looking at you before giving them an instruction?	Y / N
8. Does your child follow questions/instructions better when shown?	Y / N
9. Does your child confuse similar sounding words (i.e. pat/bat)?	Y / N
10. Does your child realise when he/she does not understand?	Y / N
11. When your child retells a story does he/she	
a. Confuse the order of events?	Y / N
b. Repeat him/her-self?	Y / N
c. Lack detail?	Y / N

**Auditory Processing Assessment**

Phone: 8178 3900 Fax: 8178 3999 email: [info@candohearing.com.au](mailto:info@candohearing.com.au) 59-61 Grange Road, Welland SA 5007

**Learning Skills**

1.	Does your child often reverse letters/words in	
	a. Reading?	Y / N
	b. Writing?	Y / N
2.	Does your child attempt to sound out words he/she does not know?	Y / N
3.	How would you rate your child's handwriting?	Poor/Fair/Good

**Musical abilities**

1.	Is your child good at memorising nursery rhymes/songs?	Y / N
2.	Does your child clap to the wrong rhythm when listening to music?	Y / N

**General Behaviour**

1.	Is your child often frustrated?	Y / N
2.	Is your child always on the go?	Y / N
3.	Does your child arrive home exhausted at the end of a school day?	Y / N
4.	Does your child have difficulty paying attention/concentrating?	Y / N
5.	Is your child generally forgetful?	Y / N
6.	Does your child appear to be "not with it" at times or daydream?	Y / N
7.	Does your child have difficulties completing tasks?	Y / N
8.	Does your child become involved in activity to the extent that he/she appears to shut off from others around him/her?	Y / N
9.	Does your child often act before thinking?	Y / N
10.	Does your child have successful relationships with similar aged peers?	Y / N

Audiologist Notes:

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Please rate your child's performance in the following subject areas:

	Below Average	Average	Above Average
Reading			
Maths			
Spelling			
Written expression			
Art			
Music			
Physical Education			

**General Information**

Has any family member had any Speech/Language or hearing problems?	Y / N
Has any family member had any learning difficulties?	Y / N
Is your child right or left handed?	Right/Left/Mixed
What does your child do best?	
What concerns you most about your child?	
Do you think your child performs to his/her best ability at school?	
Do you think your child has concerns about him/herself? If so why?	

Please ensure you return the following prior to your child's intake Auditory Processing Assessment

- Parent Questionnaire
- Teacher Questionnaire
- Any Paediatrician, Psychologist/Guidance Officer, Speech Pathologist reports

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Thank you for your assistance. We look forward to meeting with you and your child.