# (Central) Auditory Processing Disorder Teacher Questionnaire

Student's Name: ________________________________________ DOB: __________________________
School: ______________________________________________ Teacher: _______________________

Please describe your observations and concerns regarding the student's auditory processing abilities:________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please select all that apply:

| | Yes | No | Increased Difficulty in Noise |
|---|---|---|---|
| Difficulty paying attention | ☐ | ☐ | ☐ |
| Difficulty following simple directions | ☐ | ☐ | ☐ |
| Difficulty working in groups | ☐ | ☐ | ☐ |
| Difficulty with reading/writing | ☐ | ☐ | ☐ |
| Difficulty recalling instructions/answers | ☐ | ☐ | ☐ |
| Frustrates easily | ☐ | ☐ | ☐ |
| Easily distracted | ☐ | ☐ | ☐ |
| Hesitates or is confused when given oral directions | ☐ | ☐ | ☐ |
| Difficulty starting work after instruction | ☐ | ☐ | ☐ |

Please select how this student compares with their peers:

| | Much lower | Lower | Equal | Better | Much better |
|---|---|---|---|---|---|
| Class standing | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comprehension | ☐ | ☐ | ☐ | ☐ | ☐ |
| Vocabulary and word usage skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Telling a story | ☐ | ☐ | ☐ | ☐ | ☐ |

Does the time of day seem to affect the difficulties above?
☐Yes ☐No
Does the length of time the child has to listen affect the difficulties above?
☐Yes ☐No
Does the student do better with written versus verbal instructions?
☐Yes ☐No
Do you feel this student is reaching their full potential?
☐Yes ☐No

Does the student have difficulties with their behavior? ______________________________________
______________________________________________________________________________________________
Which subjects does the student excel?____________________________________________________________
______________________________________________________________________________________________
Which subjects does the student have difficulties? ___________________________________________
______________________________________________________________________________________________
Are there strategies currently in place to help this student's hearing and understanding of auditory information?
☐Yes ☐ No
If yes, please describe: _____________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________