

## **AUDITORY PROCESSING REFERRAL FORM DIRECTIONS:**

- Complete the attached form and mail to the above address.
- *Please consider the following when making a referral for APD testing:*
  1. APD evaluations are team assessments. A psycho-educational evaluation and speech-language evaluation should be the initial part of the APD assessment.
  2. The student should be showing academic difficulties.
  3. Differential diagnosis is difficult. Students with ADD, language disorders, and/or autism spectrum disorders have auditory difficulties associated with their disabilities that may be mistaken for APD.
  4. Please note that APD is not a disability under IDEA and the student must qualify for services under an accepted disability category (CD, LD, etc.).
  5. Children who cannot be assessed for APD:
    - Pre-School age children
    - Children with peripheral hearing loss
    - Non-English speaking children
    - Children with an intellectual functioning level at or below 85

**Auditory Processing Disorder Referral Form**  
**Jordan School District Audiology**  
**2827 W. 13400 S.**  
**Riverton, UT 84065**

Student Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Current Grade/Track: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Handedness:  Right  Left

Person Making Referral: \_\_\_\_\_ Position: \_\_\_\_\_

Current Special Education Services: \_\_\_\_\_

**School Assessment Information**

- Attach a copy of the student's current Team Written Report
- Additional testing which is not reflected on the Team Written Report should be listed below:

**INTELLECTUAL EVALUATIONS**

Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____

**ACADEMIC EVALUATIONS**

Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____

**COMMUNICATION EVALUATIONS**

Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____

**OTHER (Adaptive, Behavioral, Perceptual/Psychomotor, Audiological, Vision, Etc.)**

Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____
Test _____	Date _____	Scores _____

Summary of Concerns: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

## FISHER'S AUDITORY PROBLEMS CHECKLIST

Observer: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

*Please check the box before each item that is considered to be a concern by the observer:*

- 1. History of hearing loss.
- 2. 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.
- 5. Says "huh" or "what" five or more times a day.
- 6. Student cannot attend to auditory stimuli for more than a few seconds.
- 7. Short attention span:  0-2 minutes  2-5 minutes  5-15 minutes  15-30 minutes
- 8. Daydreams--- attention drifts.
- 9. Easily distracted by background sound(s).
- 10. Difficulty with phonics.
- 11. Problems with sound discrimination.
- 12. Trouble recalling a sequence student has heard.
- 13. Forgets what is said in a few minutes.
- 14. Does not remember simple routine things from day to day.
- 15. Problems recalling what was heard last week, month, year.
- 16. Difficulty following auditory directions.
- 17. Often misunderstands what was said.
- 18. Does not comprehend many words--- verbal concepts for age/grade level.
- 19. Slow or delayed response to verbal stimuli.
- 20. Has a language problem (morphology, syntax, semantics, pragmatics).
- 21. Has an articulation problem (phonology).
- 22. Child cannot always relate what is heard with what is seen.
- 23. Learns poorly through the auditory channel.
- 24. Lacks motivation to learn.
- 25. Performance is below average in one or more subject areas.