

Central Auditory Processing Teacher Checklist

(For children 7 years and older)

Student Name: _____ **DOB:** _____ **GoldCare #:** _____
(dd/mm/yyyy)

Auditory Processing is a term used to describe what happens when the brain recognizes and interprets sounds around an individual. Humans hear when energy that we recognize as sound travels through the ear and is changed into electrical information that can be interpreted by the brain. The "disorder" part of auditory processing disorder means that something is adversely affecting the processing or interpretation of [auditory] information.

- Canadian Academy of Audiology

GENERAL EDUCATIONAL SUPPORTS				
<input type="checkbox"/> Individual Education Plan				
<input type="checkbox"/> FM (speaker) system in the classroom				
<input type="checkbox"/> Request is part of Psych-ed testing				
CLASSROOM STRATEGIES TRIED PRIOR TO REFERRAL	N/A	Improved	Some improvement	No improvement
Giving student priority seating at the front of the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaining the students attention before speaking to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently giving the student quiet breaks during non-teaching time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking the child to repeat instructions back to ensure understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using brief/simple sentences and slowing down when talking to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher:	Resource Teacher:
School:	Grade:

Completed by Signature

Date

***Please attach and submit with Principal Referral form and APD Questionnaire**

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