



APD CHARACTERISTIC CHECKLIST - CHILD

Name: _____ Date of Birth: _____

Parent(s) Name(s): _____ Date: _____

Please check whether your child has these traits:

Trait	Yes	No	Trait	Yes	No
Appears confused in noisy places			Trouble maintaining proper sequence/order		
Easily distracted			Short attention span		
Easily flustered or confused			Poor listening skills		
Forgetful			Trouble following instructions		
Has difficulty spelling			Trouble telling where sounds are coming from		
Messy/tends to lose things			Tires easily		
Mixes up speech sounds			Chronic middle ear infections		
Needs quiet to study			Behavior problems		
Often says "What?" or "Pardon?"			Short-term memory difficulties		
Responds slowly/delayed			Sensitivity to loud sounds		
Speech often unclear/hard to understand			Reading comprehension difficulties		

Concerns (please check all that apply):

- Academic
- Attention
- Speech-Language
- Other: _____
- Hearing
- Emotional

If you feel that these difficulties are particularly troublesome for your child, please contact our clinic for an auditory processing evaluation.

