

CENTRAL AUDITORY PROCESSING QUESTIONS

Child's Name: _____

Is your child easily distracted or unusually bothered by loud or sudden noises?

Are noisy environments upsetting for your child?

Does behavior and performance improve in quieter settings?

Does your child have difficulty following directions, whether simple or complicated?

Does your child have reading, spelling, writing or other speech-language difficulties?

Is abstract information difficult to comprehend? (E.g. word association, using inference for meaning)

Are verbal (word) math problems difficult?

Is your child disorganized or forgetful?

Are conversations hard for your child to follow?

CHILD INTAKE ASSESSMENT FORM

Client Name: _____

Date: / / **DOB:** / / **Age:**
mm dd yyyy mm dd yyyy

School: _____ **Grade:** _____

Parent/Gardian Name(s): _____

Address: _____

Province: _____ **Postal Code:** _____

Email: _____

Home Phone: _____

Mobile: _____

Work: _____

Developmental History:

Were there any problems experienced during pregnancy?

Were there any problems with the birth?

Did your child meet all developmental milestones at the appropriate ages/stages? *E.g. crawling, walking, speech.*

Did your child experience any major childhood illnesses or accidents?

Is there a history of learning/reading difficulties or dyslexia in either parents' families?

When did you first notice problems?

Has your child ever been assessed by a pediatrician, occupational therapist, psychologist, speech and language pathologist, or any other similar professional? Was there a diagnosis?

Is your child currently medicated? If so, what medication?

Has your child had a recent visual assessment? Was there a diagnosis?

Has your child had a major hearing assessment? Was there a diagnosis?

How would you describe your child?

EDUCATIONAL HISTORY:

Please provide details of where your child started school, and any changes in school attendance.

Please provide details of any difficulties identified at any year level.

What are your child's average grades? *E.g. below average, average, above average.*

What are the problem areas?

In which areas does your child do well? *E.g. maths, sport*

Is your child displaying any behavioural problems at school?

OTHER:

Does your child suffer from any form of epilepsy? If so please inform Cellfield staff.

Please provide any other details about your child's developmental or educational history or behaviours that you think may be relevant.
