

## FISHER'S AUDITORY CHECKLIST

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

Please place a check mark before each item that is considered to be a concern by the observer.

1. Has a history of hearing loss.
2. Has a history of ear infection(s)
3. Does not pay attention (listen) to instructions 50% or more of the time.
4. Does not listen carefully to directions – often necessary to repeat instructions.
5. Says “Huh?” and “What?” at least five or more times per day
6. Cannot attend to auditory stimuli for more than a few seconds
7. Has a short attention span  
(if this item is checked, also check the most appropriate time frame)  
 0-2 minutes       5-15 minutes  
 2-5 minutes       15-30 minutes
8. Daydreams- attention drifts- not with it at times
9. Is easily distracted by background sound(s)
10. Has difficulty with phonics.
11. Experiences problems with sound discrimination
12. Forgets what is said in a few minutes
13. Does not remember simple routine things from day to day
14. Displays problems recalling what was heard last week, month, year
15. Has difficulty recalling a sequence that has been heard
16. Experiences difficulty following auditory directions
17. Frequently misunderstands what is said
18. Does not comprehend many words – verbal concepts for age/grade level
19. Learns poorly through the auditory channel
20. Has a language problem (morphology, syntax, vocabulary, phonology)
21. Has an articulation (phonology) problem
22. Cannot always relate what is heard to what is seen
23. Lacks motivation to learn
24. Displays slow or delayed response to verbal stimuli
25. Demonstrates below average performance in one or more academic area(s)