



## **CENTRAL AUDITORY PROCESSING QUESTIONS**

Child's Name: \_\_\_\_\_

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

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Are noisy environments upsetting for your child?

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Does behavior and performance improve in quieter settings?

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

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

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

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Are verbal (word) math problems difficult?

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Is your child disorganized or forgetful?

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Are conversations hard for your child to follow?

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# CHILD INTAKE ASSESSMENT FORM

**Client Name:** \_\_\_\_\_

**Date:**      /      /      **DOB:**      /      /      **Age:**       
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**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Gardian Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Developmental History:**

Were there any problems experienced during pregnancy?

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Were there any problems with the birth?

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

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Did your child experience any major childhood illnesses or accidents?

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

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When did you first notice problems?

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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?

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

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

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

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How would you describe your child?

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**EDUCATIONAL HISTORY:**

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

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

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

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What are the problem areas?

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

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Is your child displaying any behavioural problems at school?

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**OTHER:**

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

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

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