

APD: Characteristics in Young Children

Jack Katz

Name _____ Age _____ Date _____

- | | | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|---|-----|
| 1. APD or presumed APD in family | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | c |
| 2. History of otitis media (ear fluid/infections) (tubes) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | c |
| 3. Allergies | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | c |
| 4. Slow to learn to talk | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d |
| 5. Poor articulation | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d |
| 6. Limited vocabulary | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d |
| 7. 'Marches to a different drummer' | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d/t |
| 8. Not learn nursery rhymes | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d |
| 9. Difficulty with finger-play (e.g., itsy bitsy spider) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d/o |
| 10. Poor language (receptive) or (expressive) (both) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | d/t |
| 11. Bothered by noise | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | n |
| 12. Makes own sounds (e.g., when ignition is turned on) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | n |
| 13. May be a noisy child when in noisy conditions | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | n |
| 14. Hyperactive/wild when several children present | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | n |
| 15. Forgetful | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | m |
| 16. Easily distracted by noise | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | n |
| 17. Does not remember simple directions | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | m |
| 18. Messy, disorganized | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | o |
| 19. Difficulty locating source of sounds | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | l |
| 20. Has/had (sensory-integration) or (speech) therapy | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | ? | i/d |

Please expand on any of these _____

What other characteristics or events concerned you about the child's AP abilities?

For Office Use

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