

APS - Buffalo Model-Questionnaire Name _____

Age _____ Date _____

a) Please circle 'Y' if this may be a problem, b) if not a problem don't circle anything, c) if it does not apply, circle 'NA' after the problem listed (e.g., for a kindergartner who does not get foreign language training, circle 'NA' for #39)

These 8 columns are for office use

#	↓	Problem	#	↓	Problem	#	↓	Problem	N	A	D	N	M	V	I	O	C	G
1	Y	Auditory Processing	17	Y	Psychological	33	Y	Understanding speech in noise	N	A								
2	Y	Speech (articulation)	18	Y	Attention	34	Y	Auditory-visual integration	N	A								
3	Y	Learning Disability	19	Y	Behavior	35	Y	Anxiety (e.g., new situations)	N	A								
4	Y	Responds quickly	20	Y	Using language	36	Y	Memory recent or short-term	N	A								
5	Y	Frequently interrupts	21	Y	Oral reading	37	Y	Ear infections / fluid early yrs	N	A								
6	Y	Hypersensitive to noise	22	Y	Coordination	38	Y	Responds slowly / delayed	N	A								
7	Y	Hypersensitive to touch	23	Y	Head injury	39	Y	Foreign language learning	N	A								
8	Y	Understanding language	24	Y	Allergies	40	Y	Autism or related problem	N	A								
9	Y	Following oral directions	25	Y	Phonics	41	Y	Speaks slowly	N	A								
10	Y	Keeping things in order	26	Y	Spelling	42	Y	Reading/ spelling severe	N	A								
11	Y	Reading Comprehension	27	Y	Math	43	Y	Noisy child / makes noises	N	A								
12	Y	Distracted by noise	28	Y	Sequencing	44	Y	Severe Visual perception	N	A								
13	Y	Extreme Handwriting	29	Y	Hearing	45	Y	Eye contact with speaker	N	A								
14	Y	Understand oral directions	30	Y	ADHD / ADD	46	Y	Remembering oral directions	N	A								
15	Y	Memory long-term	31	Y	Dyslexia	47	Y	Messy / tends to lose things	N	A								
16	Y	Mentally challenged	32	Y	Speaks quickly	48	Y	Sometimes very long delays	N	A								

SEE below: help that can influence our tests. Please indicate 'Y' if your child has had one or more. ↓

A	Y	Has had auditory training? _____ years	B	Y	Has had speech therapy? _____ years	C	Y	Has had phonological awareness training? _____ years
D	Y	Has had intensive phonics training? _____ years	E	Y	Has had reading therapy/tutoring? _____ years	F	Y	Has had sensory-integration training? _____ years

CAP= _____
TOT= _____

Questions/explanations (over):