

Itinerant Deaf/Hard of Hearing Program STUDENT CHECKLIST

To be completed by classroom teacher and/or others in direct contact with student in educational setting. Make additional copies if needed.

The following may be possible indicators of concerns related to a hearing loss. Please circle the number which most closely reflects your knowledge of the student's current performance. If you have any questions related to completing this checklist, please call the SCOE Itinerant Deaf/Hard of Hearing Program, at 524-2862.

Rating Scale		
5	=	Always
4	=	Often
3	=	Sometimes
2	=	Rarely
1	=	Never
Not applicable, don't know = leave blank		

- 5 4 3 2 1 Uses hearing aid(s)
- 5 4 3 2 1 Family reports ear problems or hearing loss in student
- 5 4 3 2 1 History of middle ear infections
- 5 4 3 2 1 Complains of ear pain or difficulty hearing (*circle the indicators that apply to this student*)
- 5 4 3 2 1 Cups ears or turns head towards sound source when listening
- 5 4 3 2 1 Doesn't seem to hear if not looking
- 5 4 3 2 1 Bothered by background noise/decreased attention in a noisy environment
- 5 4 3 2 1 Frequently misses directions or misunderstands what is being taught
- 5 4 3 2 1 Asks for repetition of spoken information (Says "What?" or "Huh?" often)
- 5 4 3 2 1 Has trouble following discussion and/or understanding comments of peers
- 5 4 3 2 1 Misses jokes or intent of communication; is a "literal listener"
- 5 4 3 2 1 Says "yes" or indicates understanding when really confused or unclear

- 5 4 3 2 1 Speech problems: dropping words or sounds, mispronunciations, trouble with multisyllabic words *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Forgets endings, possessives and plural /s/ in writing or speech
- 5 4 3 2 1 Speaks softer than the situation warrants
- 5 4 3 2 1 Speaks louder than the situation warrants
- 5 4 3 2 1 Difficulty with sound/symbol relationship (phonics)
- 5 4 3 2 1 Has language problems: omitting words, limited vocabulary, confused over idioms or double meanings *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Makes irrelevant or "off topic" comments; remains only partially on topic; unable to maintain topic *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Withdraws from large group discussions or activities
- 5 4 3 2 1 Reluctant to participate in discussions and oral activities
- 5 4 3 2 1 Relies on visual clues to follow directions or get information
- 5 4 3 2 1 Watches the face and mouth of speaker
- 5 4 3 2 1 Uses physical response, rather than language, to resolve conflict
- 5 4 3 2 1 Disruptive
- 5 4 3 2 1 Inattentive behavior
- 5 4 3 2 1 Passive ("invisible child")
- 5 4 3 2 1 Daydreams
- 5 4 3 2 1 Typically befriends peers who are not highly verbal, who are more physical, or who are younger
- 5 4 3 2 1 Other: _____

Name of Student _____ School _____

Form completed by _____ Date _____

Relationship to student _____ How long? _____

How do you feel hearing problems may be impacting this student? (use back if needed) _____

Please leave your contact information (phone & e-mail) with the best times to reach you: _____