



SEDOM DIAGNOSTIC CENTER

Special Education District of McHenry County
1200 Claussen Drive
Woodstock, IL 60098
Ph: (815) 338-3660 Fax: (815) 338-7550

Auditory Processing Disorders Referral Checklist

(To Be Completed By Special Education Team)

Child's Name: _____ **DOB:** _____

1. Does this student have an IEP or 504 Plan? Yes _____ No _____
If "Yes", please attach a copy.
2. What eligibility(ies) and/or related services does this student have?

3. Has this student had a hearing evaluation in the last six months? Yes _____ No _____
If "Yes", please attach a copy of the test.
4. Primary language? _____
5. Performance IQ above 85? Yes _____ No _____ Measures used? _____
6. Completed CHAPS and/or BMQ-R? Yes _____ No _____
7. Is speech intelligible? Yes _____ No _____
8. Summary of Speech Therapy Tests of Language Processing Skills (please attach results).
9. Does the child have good attention (for 30 minutes), motivation and maturation?
Yes _____ No _____
10. Does the child have ADHD? Yes _____ No _____
11. Does the child have any other medical or educational diagnosis? Yes _____ No _____
If "Yes", what are they? _____

12. Brief description of the difficulties observed at school:

13. Additional Comments: _____

