

Listening Skills Inventory

Date _____

Child's Name _____ Sex _____ Birthdate _____ Age _____

Parents Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (Wk) _____ (Cell) _____

School Attending: _____ Grade/Level _____

Teacher's name: _____ School Phone #: _____

Issues of concern at home/at school: _____

Background Information

Complications, illness/infections/stress during pregnancy? Y / N (describe) _____

Complications during labor and delivery? Y / N (describe) _____

Forceps / vacuum / C-section? Y / N (elaborate) _____

Birth order _____ Birth weight _____

Premature/Postmature/Full Term?(circle) Apgar score at 1 minute: _____ 5 minutes: _____

Breast Fed? Y / N How Long? _____ Strong Suck? Y / N Spit up frequently? Y / N

Problems with Feeding/Respiration/Sleeping? (circle) (describe) _____

Irritable/Happy/Quiet (circle) Baby? Did baby arch back & head when upset? Y / N

Developmental Milestones: Please note approximate **age** at which he/she did the following:

Sat _____ Belly Crawled _____ Crawled _____ Cruised _____ Walked _____

Said first words _____ Talked _____ Toilet trained (bladder) _____ (bowels) _____

Undressed self _____ Dressed self _____ Managed snaps, zippers, buttons _____

Tied shoes _____ Started Pre-school _____ Ear Infections? Y / N (How many, at what ages?) _____

Allergies? Y / N (describe) _____ Seizures? Y / N (describe) _____

Injuries? Y / N (describe) _____ Hospitalizations? Y / N (describe) _____

Glasses? Y / N (condition) _____ Medications Y / N (list) _____

Age(s) and sex(es) of siblings _____

Preferred hand L / R _____ Age established? _____ No hand preference _____

Marking:

Use the following system for filling out the form:

X = Items that currently apply to your child – delete, circle, underline, or modify items for greater accuracy

XX = Items that are of particular concern

P = Items that used to be a problem but are now resolved

Leave blank items that are not applicable

In the space provided to the right of each item include additional pertinent information to address the following (as applicable):

- Frequency (how often item occurs)
- Duration (how long it continues)
- Intensity (how strong)
- Context (where or under what circumstances)

Orienting Response & Regulation:

- _____ Appears indifferent to absence of parent or caregiver _____
- _____ Appears under _____ over _____ sensitive to pain _____
- _____ As infant, not calmed by cuddling/stroking _____
- _____ As infant, tended to arch back when held or moved _____
- _____ Attends to auditory input less than a few seconds _____
- _____ Avoids activities in which feet leave the ground _____
- _____ Avoids being barefooted on textured surfaces (grass, sand) _____
- _____ Avoids certain textures of clothing, materials _____
- _____ Avoids eye contact while listening _____
- _____ Avoids movement equipment on playground _____
- _____ Avoids play on _____ at playground _____
- _____ Avoids putting hands in messy substances/getting dirty _____
- _____ Avoids vibratory devices (barber's clippers, electric toothbrushes) _____
- _____ Becomes overly excited after movement activity _____
- _____ Bites or chews objects or clothing, grinds or clenches teeth _____
- _____ Cannot calm self when upset _____
- _____ Clingy, whiny, cries easily _____
- _____ Confused about the direction of sounds _____
- _____ Constipation _____
- _____ Covers ears to shut out objectionable auditory input _____
- _____ Craves music, other specific sounds _____
- _____ Craves tumbling or wrestling _____
- _____ Difficulty adapting to last minute changes _____
- _____ Difficulty or attraction to smells in the environment _____
- _____ Difficulty with particular lighting conditions (bright light, florescent lights) _____
- _____ Difficulty with separation from parent or caregiver _____

- _____ Dislikes being moved _____
- _____ Dislikes having vision occluded or being in the dark _____
- _____ Dislikes hugs _____
- _____ Does not appear to have awareness of self or others _____
- _____ Does not cry _____
- _____ Does not respond well to new or unfamiliar situations _____
- _____ Does not self-initiate focused activity – wanders aimlessly _____
- _____ Doesn't turn & look when name is called _____
- _____ Drags hands or bangs object along wall when walking _____
- _____ Easily distracted, difficulty staying on task unless doing something of particular interest _____
- _____ Engages in self-injurious behavior(s) List: _____
- _____ Engages in self-stimulatory behavior(s) List: _____
- _____ Examines objects by placing in mouth _____
- _____ Excessive dizziness or nausea from swinging, spinning, riding in car _____
- _____ Excessive reaction to light touch sensation (anxiety, hostility hostility, aggression) _____
- _____ Excessive repetition of sounds, words, or phrases _____
- _____ Fear of falling when no real danger exists _____
- _____ Fear of heights, climbing _____
- _____ Fearful (list): _____
- _____ Fearful of being tossed in air or turned upside down _____
- _____ Frequent waking at night _____
- _____ Frequently gives or requests firm or prolonged hugs _____
- _____ Frequently irritable or fussy _____
- _____ Hears sounds others don't hear, or before others notice _____
- _____ Holds head upright when leaning or bending over; dislikes inversion , such as somersaults _____
- _____ Hums, sings softly, "self-talks" through a task _____
- _____ Hyper-responsive gag reflex _____
- _____ Impulsive, does not think before acting _____
- _____ Incontinence of bowel or bladder _____
- _____ Inefficient/disorganized with self-help skills _____
- _____ Insomnia or restless at night _____
- _____ Intent on controlling/manipulating to keep environment predictable _____
- _____ Lack of fear of strangers _____
- _____ Lack of visible spontaneity _____
- _____ Likes to be wrapped tightly in sheet or blanket, seeks tight spaces _____
- _____ Likes to make loud noises _____
- _____ Limited babbling at 6-12 months _____
- _____ Limits self to particular foods/temperatures. List: _____
- _____ Minimal acknowledgement of others _____

- _____ Needs constant company and attention _____
- _____ Needs increased volume to respond _____
- _____ Needs more protection from life than peers _____
- _____ Needs visual cue to respond to verbal commands or requests _____
- _____ Negative reaction to unseen, unexpected touch _____
- _____ Often “wired”, hyperactive, or agitated _____
- _____ Often very inactive or unmoving or lethargic _____
- _____ Outbursts – anger, laughing, crying _____
- _____ Overly sensitive to lights/sunlight _____
- _____ Overly sensitive to loud sounds or noises _____
- _____ Overreacts to unexpected noises _____
- _____ Picky eater. List food preferences: _____
- _____ Plays roughly with people or objects _____
- _____ Poor ability to shift gears/self-regulate behavior _____
- _____ Poor eye contact _____
- _____ Prefers ___ avoids ___ crunchy or chewy foods _____
- _____ Preoccupied with movement; seeks intense movement: spins, twirls, bounces, jumps, rocks _____
- _____ Rarely happy or content _____
- _____ Rarely makes sounds _____
- _____ Resistive to personal grooming activities such as haircut, nail trimming, dentist, other _____
- _____ Resists having head tilted backward _____
- _____ Responds to sounds with wide open eyes and flared nostrils _____
- _____ Restless ___ deep ___ light sleeper _____
- _____ Rubs or scratches a spot that has been touched _____
- _____ Seeks opportunities to fall, crashes into things _____
- _____ Seeks vibratory stimulation _____
- _____ Seems to need to “fix” the environment (arrange objects, chairs, etc.) _____
- _____ Seems to require minimal amount of sleep _____
- _____ Seems to require too much sleep or at odd times _____
- _____ Seems uninterested in others _____
- _____ Sensitive to certain voice pitches _____
- _____ Shakes head vigorously, assumes upside down position frequently _____
- _____ Slow to, or unable to make timely transitions _____
- _____ So visually focused that does not monitor periphery/surround _____
- _____ Stamps or slaps feet on ground when walking or kicks heels against floor or chair _____
- _____ Startles easily _____
- _____ Strong desire or need for structure or control _____
- _____ Teeth grinding _____
- _____ Tenses when patted affectionately _____

- _____ Thrill seeker on playground _____
- _____ Touches everything, can't keep hands to self _____
- _____ "Tunes out" or ignores sounds nearby _____
- _____ Unable to attain relaxed state _____
- _____ Unable to identify familiar objects via touch only _____
- _____ Unable to pay attention when there are other sounds nearby, easily distracted sounds _____
- _____ Uncomfortable on elevators, escalators, motion sickness _____
- _____ Unresponsive to being touched or bumped _____
- _____ Unusual or unexpected movement (bolting or running into street) _____
- _____ Unusual toilet habits _____
- _____ Uses peripheral more than central vision _____
- _____ Wears minimal clothes, regardless of weather _____

Space / Time:

- _____ Accident prone _____
- _____ Avoids busy, unpredictable environments _____
- _____ Confuses right and left _____
- _____ Confuses similar sounding words _____,has difficulty with phonetics _____
- _____ Difficulty coloring within lines _____
- _____ Difficulty finding objects in complex background _____
- _____ Difficulty identifying which body part touched without vision _____
- _____ Difficulty learning phonetically _____
- _____ Difficulty learning to tell time _____
- _____ Difficulty learning to tie shoes _____
- _____ Difficulty moving from one floor surface to another _____
- _____ Difficulty moving within a room or between rooms (falls, slow for age) _____
- _____ Difficulty positioning self squarely on furniture, equipment _____
- _____ Difficulty sequencing the months of the year _____
- _____ Difficulty sequencing the order of events when telling a story/describing an event/repeating what you have said _____
- _____ Difficulty walking on rough, uneven surfaces (lawns, gravel driveways) _____
- _____ Difficulty walking up/down flight of stairs _____
- _____ Difficulty with projected action sequences (catch a ball, bat a ball) _____
- _____ Difficulty with puzzles _____
- _____ Difficulty with verbal cues to move or position body or to play "Simon Says" _____
- _____ Does not respond well to new or unfamiliar situations _____
- _____ Doesn't seem to hear the beginning __middle__ ending__ of statements _____
- _____ Drags hands or bangs object along wall when walking _____
- _____ Enjoys strange noises, repeats same sounds over and over _____
- _____ Fearful or hesitant when ascending, descending stairs (seeks hand, railing or walls) _____

- _____ Gets lost easily, has a poor sense of direction _____
- _____ Handwriting deficits _____
- _____ Immature ability to draw a person _____
- _____ Intent on controlling/manipulating to keep environment predictable _____
- _____ Irrational fear of noisy appliances _____
- _____ Keeps eyes too close to work _____
- _____ Letter and number reversals _____
- _____ Limited ability to make consonant sounds _____
- _____ Maintains rigid and repetitive patterns or “rules” _____
- _____ Over-stimulated by busy visual environment _____
- _____ Poor awareness of space in relation to things around self _____
- _____ Poor body scheme awareness _____
- _____ Poor depth perception, examples: ducks when ball approaches, difficulty with stairs _____
- _____ Poor negotiation on uneven terrain _____
- _____ Poor spelling _____
- _____ Poor visual monitoring of environment _____
- _____ Problems in construction and/or manipulation of materials _____
- _____ Seeks out toys, other objects which make sound _____
- _____ Seems to need to “fix” the environment (arrange objects, chairs, etc.) _____
- _____ Slow or delayed responses to verbal instruction _____
- _____ Spatial aspects of language are difficult _____
- _____ Stands too close to people to the point of irritation _____
- _____ Strong desire or need for structure or control _____
- _____ Tendency to confuse right and left when following verbal directions _____
- _____ Unable to sing in tune _____
- _____ Unusual or unexpected movement (bolting or running into street) _____
- _____ Walks, but holds onto furniture, walls, objects, or caregiver for support _____

Core / Praxis:

- _____ Achieves standing posture by pushing off floor with hands _____
- _____ Ambidexterity/mixed hand dominance _____
- _____ Appears anxious or distraught _____
- _____ Appears lethargic _____
- _____ Appears stiff and awkward in movements, head, neck, and shoulder rigidity _____
- _____ Atypical alignment of the paper while drawing or writing _____
- _____ Avoids activities which require balance _____
- _____ Avoids age appropriate participation in group gross motor activities _____
- _____ Can't sit still, hyperactive _____
- _____ Cannot lift heavy objects, avoids heavy work _____

- _____ Changes grasp pattern on pencil and other tools _____
- _____ Clothes cover entire body, regardless of weather _____
- _____ Clumsy ___ confused as to how to move body ___ bumps into things ___ falls out of chair _____
- _____ Collapses onto furniture _____
- _____ Difficult to read or know emotional state _____
- _____ Difficulty changing body positions _____
- _____ Difficulty crossing body midline with head or extremities _____
- _____ Difficulty cutting on lines _____
- _____ Difficulty drawing ___ coloring ___ tracing ___ copying ___, avoidance of these activities _____
- _____ Difficulty for age drawing forms, letters, numbers _____
- _____ Difficulty grading movement, uses too little ___ too much power/force _____
- _____ Difficulty grasping, maneuvering scissors _____
- _____ Difficulty managing fasteners and tying shoes _____
- _____ Difficulty moving slowly or sustaining posture _____ Loose joints _____ W-sits _____
- _____ Difficulty performing a new as opposed to a habitual, motor response strategy _____
- _____ Difficulty performing two different tasks at same time (cut meat with knife and fork, hold and turn paper while cutting
- _____ Difficulty sitting still _____
- _____ Difficulty standing in line or close to other people _____
- _____ Difficulty tracking a moving target without head movement _____
- _____ Difficulty using both hands to: do same movement ____, do different movement with each hand _____
- _____ Difficulty walking up/down flight of stairs _____
- _____ Difficulty with hopping ___ jumping ___ skipping ___ running ___ compared to others his age _____
- _____ Difficulty with or attachment to certain fabrics or clothing types _____
- _____ Difficulty with timing ___ rhythm ___ sequencing ___ of movements _____
- _____ Dislikes drawing _____
- _____ Disorganized or inefficient approach to tasks _____
- _____ Does not alternate feet on stairs _____
- _____ Does not initiate social interaction _____
- _____ Does not participate in back-and-forth (reciprocal) interaction _____
- _____ Does not smile or laugh _____
- _____ Does not stabilize paper when drawing or writing _____
- _____ Does not swing arms while walking _____
- _____ Does not use hands to signal or gesture _____
- _____ Does not use voice to signal or communicate _____
- _____ Doesn't extend arms when falling to protect head _____
- _____ Drags feet or poor heel-toe pattern when walking _____
- _____ Excessive body movement while seated at desk _____
- _____ Extreme reaction to tickling _____
- _____ Facial expression inappropriate for circumstance _____

- _____ Fails to adapt body posture to demands of activity_____
- _____ Flat, monotonous voice_____
- _____ Frequently adjusts clothing as if feeling uncomfortable_____
- _____ Hands seem to be unfamiliar appendages_____
- _____ Lack of expression in eyes or face_____
- _____ Language hard to understand_____
- _____ Leans on objects, people for stability_____
- _____ Limited ability to make consonant sounds (p,b,m,n,d,t,w)_____
- _____ Limited rotation of pelvis and/or shoulder girdle around central core of body_____
- _____ Limited use of gestures to communicate_____
- _____ Loses balance easily; fearful of challenges to balance_____
- _____ Mispronounces words (bisghetti, mazagine, etc.)_____
- _____ Moves stiffly, as a single unit_____
- _____ Moves with quick bursts of activity rather than sustained effort_____
- _____ Pencil grasp is immature ____, too tight ____, too loose _____
- _____ Pencil lines are too heavy ____, light ____, wobbly_____
- _____ Picky eater. List food preferences:_____
- _____ Poor articulation_____
- _____ Poor awareness of body part relationships_____
- _____ Poor coordination of hands and/or legs for symmetrical ____, asymmetrical ____ movements_____
- _____ Poor desk posture (slumps, leans on arm, head too close to work, tilts head to side)_____
- _____ Poor eye teaming_____
- _____ Poor gross ____, fine ____ motor control of body when attempting new activities_____
- _____ Poor negotiation on uneven terrain_____
- _____ Poor sense of rhythm i.e. movement _____
- _____ Poor visual monitoring of hand when manipulating objects_____
- _____ Prefers talking to doing_____
- _____ Problems in construction and/or manipulation of materials_____
- _____ Props head on hand or lays head on forearm_____
- _____ Reluctant in playground participation, seeks out adults _____
- _____ Resists new physical challenges, saying “I can’t” without attempting_____
- _____ Seeks heavy/deep pressure activities_____
- _____ Seeks sedentary play_____
- _____ Seems weaker or tires more easily than peers_____
- _____ Sets jaw when applying effort with extremities_____
- _____ Shoes worn loose or untied or on wrong feet_____
- _____ Socks have to be just right: no wrinkles or twisted seams_____
- _____ Struggles when attempting to repeat rhythmic sound sequences_____
- _____ Tends to “lock” major joints for stability_____

- _____ Tends to slump in chair with rounded back, head forward, and neck extended_____
- _____ Tilts head____props head____lays head on arm when sitting at table_____
- _____ Trips easily, clumsy/uncoordinated_____
- _____ Turns whole body to look at person or object_____
- _____ Unable to conceive and organize a plan of action_____
- _____ Unable to pull up on monkey bars with flexion of arms and legs while moving from bar to bar_____
- _____ Unstable posture, easily thrown off balance_____
- _____ Unusual gait (asymmetrical, stiff, broken, or not smooth)_____
- _____ Voice volume too soft____too loud_____
- _____ Walks on toes frequently_____
- _____ Walks, but holds onto furniture, walls, objects, or caregiver for support_____
- _____ Weak grasp_____
- _____ Wide based stance_____

Connection, Engagement & Communication:

- _____ Can only work with stereo, TV on_____
- _____ Depends on adult input or encouragement to maintain focus_____
- _____ Difficulty expressing emotions verbally_____
- _____ Difficulty making choices_____
- _____ Displays aggression toward self____ toward others_____
- _____ Does not attend to what said more than _ of the time_____
- _____ Does not have friends_____
- _____ Does not initiate social interaction_____
- _____ Does not participate in back-and-forth (reciprocal) interaction_____
- _____ Does not point, share, or show_____
- _____ Does not use eyes to signal or communicate_____
- _____ Easily frustrated____ anxious____ overwhelmed_____
- _____ Facial expression inappropriate for circumstance_____
- _____ Fails to see humor in situations_____
- _____ Feelings of failure/frustration_____
- _____ Fidgets while listening_____
- _____ Frequently asks you to repeat what you have said_____
- _____ Highly sensitive/can't take criticism_____
- _____ Hypervigilant or visually distracted_____
- _____ Intense, explosive, prone to tantrums_____
- _____ Lack of expression in eyes or face_____
- _____ Lack of symbolic play_____
- _____ Limited use of descriptive vocabulary_____
- _____ Limited use of gestures to communicate_____

- _____ Mispronounces words (bisghetti, mazagine, etc.) _____
- _____ Not precise in word selection _____
- _____ Poor self-concept/low self-esteem _____
- _____ Quickly forgets what has been said _____
- _____ Stubborn, inflexible, uncooperative _____
- _____ Tendency to stutter _____
- _____ Word finding difficulty, hesitant speech _____