



"Unlocking Your Child's Journey to Independence"™

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Student _____	Birthdate _____
Teacher _____ Grade: _____	School _____
Speech-Language Pathologist _____	Date _____

Listening is an important communication skill for everyone. Please help me understand how your child listens by completing this checklist. Circle yes or no to the items below that best describe your child.

Paying Attention

Y N Usually pays attention to what is said

Y N Can pay attention to long instructions and to stories.

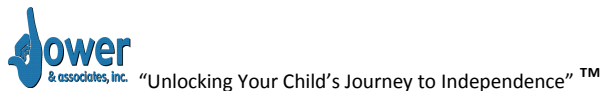
Y N Usually tunes out distractions when listening.

Listening Carefully

Y N Follows simple directions correctly.

Y N Listens and waits for his/her turn when talking with others.

Y N Asks questions to check his/her listening.



* Speech/Language Evaluations and Therapy * Academic & Remedial Tutoring * Educational Consultations * IEP Development & Consultations *
* Autism Home/School Programs- Specialty: Applied Behavior Analysis (ABA) with Verbal Behavior Emphasis *

LISTENING INTAKE

Remembering

- Y N Usually remembers what he/she has been told to do.

- Y N Remembers things heard in the order they are presented.

- Y N Can listen to a story and retell it accurately in his/her own words.

Additional Information

1. In which listening situations is your child most successful?

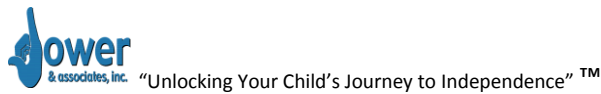
2. In which situations does your child have the most difficulty?

3. What else would you like me to know about your child's listening?

Thanks for taking time to share this helpful information!

Please return this form to _____ by _____.
Speech/Language Pathologist date

Parent/Guardian Signature: _____.



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LISTENING INTAKE