Mt. Harrison Audiology
and Hearing Aids LLC

BUFFALO MODEL QUESTIONNAIRE—REVISED SIMPLIFIED CHILD FORM

Name:		Date:
Age:	DOB:	Filled in by:

Please indicate your child is currently receiving or has received any of the services and number of years:

Auditory training?	Speech therapy?	Phonological awareness training?
YES ☐ ____________ years NO ☐	YES ☐ ____________ years NO ☐	YES ☐ ____________ years NO ☐
Special phonics training?	**Special help with reading?**	**Sensory-integration training?**
YES ☐ ____________ years NO ☐	YES ☐ ____________ years NO ☐	YES ☐ ____________ years NO ☐

Please mark '**YES**' if the statement applies or "**NO**" if it is not a problem.

DEC	
My child has a problem saying speech sounds.	☐ YES ☐ NO
My child has a problem understanding language.	☐ YES ☐ NO
My child has a problem understanding spoken instructions.	☐ YES ☐ NO
My child has a problem reading aloud.	☐ YES ☐ NO
My child has a problem with phonics.	☐ YES ☐ NO
My child has a problem with spelling.	☐ YES ☐ NO
My child responds slowly/with a delay to spoken language.	☐ YES ☐ NO
My child may have a problem learning a foreign language.	☐ YES ☐ NO ☐ Never attempted foreign language learning
My child speaks slowly.	☐ YES ☐ NO

NOI	
My child is hypersensitive to noise.	☐ YES ☐ NO
My child is distracted by noise.	☐ YES ☐ NO
My child struggles to understand speech in noise.	☐ YES ☐ NO
My child is noisy/makes more noises in comparison to their peers.	☐ YES ☐ NO

MEM	
My child responds too quickly, at times.	☐ YES ☐ NO
My child frequently interrupts others talking.	☐ YES ☐ NO
My child has a problem with reading comprehension.	☐ YES ☐ NO
My child speaks quickly.	☐ YES ☐ NO
My child forgets things they have been told.	☐ YES ☐ NO
My child has a problem remembering spoken instructions.	☐ YES ☐ NO

VAR	
My child has a problem paying attention.	☐ YES ☐ NO
My child has a problem using language.	☐ YES ☐ NO
My child may have ADHD/ADD.	☐ YES ☐ NO
My child has anxiety (e.g., in new situations).	☐ YES ☐ NO

INT	
My child has extremely poor handwriting.	☐ YES ☐ NO
My child has a problem integrating auditory and visual info.	☐ YES ☐ NO
My child has significant reading/spelling difficulties.	☐ YES ☐ NO
My child may have significant visual perception difficulties.	☐ YES ☐ NO
My child sometimes have very long delays in responding	☐ YES ☐ NO
My child has dyslexia.	☐ YES ☐ NO

ORG	
My child has a problem with keeping things organized.	☐ YES ☐ NO
My child has a problem with sequencing verbal items/information.	☐ YES ☐ NO
My child is messy/tends to lose things.	☐ YES ☐ NO

APD	
My child has a history of ear infections/ear fluids as a child.	☐ YES ☐ NO
My child has a problem understanding what is said.	☐ YES ☐ NO
My child has a learning disability.	☐ YES ☐ NO
My child has a problem following spoken instructions.	☐ YES ☐ NO
My child has an intellectual disability.	☐ YES ☐ NO
My child has had a head injury.	☐ YES ☐ NO
My child has autism or a related problem.	☐ YES ☐ NO

GEN	
My child is hypersensitive to touch.	☐ YES ☐ NO
My child has a problem maintaining eye contact with a speaker.	☐ YES ☐ NO
My child has a problem with long-term memory.	☐ YES ☐ NO
My child may have a psychological problem.	☐ YES ☐ NO
My child may have a behavior problem.	☐ YES ☐ NO
My child has a problem with coordinating body movements.	☐ YES ☐ NO
My child may have allergies.	☐ YES ☐ NO
My child has a problem learning math concepts.	☐ YES ☐ NO
My child has a hearing problem.	☐ YES ☐ NO

D	N	M	V	TFM	I	O	ADP	ΣCAP	G
/9	(/4)	(/6)	(/4)	/14	/6	/3	/7	/39	(/9)