



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
2817 ROCK MERRIT AVE  
FORT BRAGG, NC 28310

## Child Central Auditory Processing Questionnaire

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

- 1) Do you have concerns for your child's hearing? ☐ Yes ☐ No  
2) Has your child had a lot of ear infections? ☐ Yes ☐ No  
3) What problems are being noticed at home?

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- 4) What problems are being noticed at school?

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- 5) Is there any history of learning disabilities within the family? ☐ Yes ☐ No

- 6) What subjects is your child having difficulties  
with? \_\_\_\_\_

- 7) Does your child often require that information be repeated? ☐ Yes ☐ No  
8) Does your child delay when responding to others? ☐ Yes ☐ No  
9) Does your child have difficulty remembering things? ☐ Yes ☐ No  
10) Is your child unorganized? ☐ Yes ☐ No  
11) Does your child have trouble following directions? ☐ Yes ☐ No  
12) Are there any articulation errors that are evident? ☐ Yes ☐ No  
13) Does your child have difficulty expressing themselves? ☐ Yes ☐ No  
14) Does your child have poor handwriting? ☐ Yes ☐ No  
15) Does your child have a poor attention span? ☐ Yes ☐ No  
16) Is your child currently receiving special services? ☐ Yes ☐ No

a. If so what services and how often?

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