



HEARING: SIGNS OF HEARING LOSS CHECKLIST

Name

School

Date

Find out what works for the student. Open communication is essential. Speak to them. Under what circumstances do they experience difficulty? You might find if you change a few small things it could make a world of difference.

A student with undetected hearing loss may:

- | | | | |
|--|--------------------------|--|--------------------------|
| Be unduly restless | <input type="checkbox"/> | Be a chronic mouth breather | <input type="checkbox"/> |
| Show signs of fatigue in the afternoon | <input type="checkbox"/> | Demonstrate signs of frustration (eg. acting out, withdrawal, depression) | <input type="checkbox"/> |
| Often seem inattentive | <input type="checkbox"/> | Be easily distracted by background noise | <input type="checkbox"/> |
| Often withdraw from group activities to play or work alone | <input type="checkbox"/> | Learn poorly through the auditory channel; may learn more effectively through the visual channel | <input type="checkbox"/> |
| Tend to associate with younger children, who offer an easier level of language and acceptance | <input type="checkbox"/> | Have a short attention span | <input type="checkbox"/> |
| Make numerous requests for repetitions | <input type="checkbox"/> | Say "what" 5 or more times per day | <input type="checkbox"/> |
| Continuously have failing grades or marks | <input type="checkbox"/> | Appear to daydream | <input type="checkbox"/> |
| Be unable to follow directions (they watch other students for clues) | <input type="checkbox"/> | Become confused by unexpected changes in classroom routine | <input type="checkbox"/> |
| Often show an inability to hear when in a group or in a noisy environment | <input type="checkbox"/> | Have difficulty with phonics | <input type="checkbox"/> |
| Fail to respond in question periods | <input type="checkbox"/> | Have a history of ear infections | <input type="checkbox"/> |
| Pay undue attention to the face of a speaker | <input type="checkbox"/> | Have had ventilating tubes (grommets) inserted in the ears | <input type="checkbox"/> |
| Turn one ear to the speaker in an attempt to hear more easily | <input type="checkbox"/> | Have chronic allergies | <input type="checkbox"/> |
| Mispronounce words or omit or substitute sounds (they often fail to pronounce final consonants; for example /s/ is often the first sound to be omitted with a high frequency loss) | <input type="checkbox"/> | Complain of head noises or ringing in the ears | <input type="checkbox"/> |
| Have a voice quality that is extreme, resulting in an unusually loud or weak or high or low voice | <input type="checkbox"/> | | |
| Have frequent colds, earaches, or runny ears | <input type="checkbox"/> | | |

