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**AUDITORY INTEGRATION TRAINING**  
**Preliminary Questionnaire rev. 9-3-07**

Name \_\_\_\_\_  
Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
Email \_\_\_\_\_  
Educational Program (School and Grade) \_\_\_\_\_ Reading Level \_\_\_\_\_  
Any academic problems in school? \_\_\_\_\_  
Is child in special classes? \_\_\_\_\_

List specific diagnoses, date, and diagnosing physician:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List regular medications, amount and frequency taken, and duration of usage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Does child have any allergies? \_\_\_\_\_  
Did child have any adverse reactions to immunizations? If so, at what age, the specific immunization(s), and what was the reaction? \_\_\_\_\_  
\_\_\_\_\_  
Does child have seizures? \_\_\_\_\_ If so, what kind, at what ages? \_\_\_\_\_  
Were there any problems with the pregnancy/ birth process? \_\_\_\_\_  
\_\_\_\_\_  
Did the child learn to walk and talk within normal limits, or was this development delayed? \_\_\_\_\_

Has child had ear problems?  
\_\_\_\_\_ repeated ear infections (ages \_\_\_\_\_ )  
\_\_\_\_\_ broken ear drum (ages \_\_\_\_\_ )  
\_\_\_\_\_ insertion of PE tubes (ages \_\_\_\_\_ ) Date removed \_\_\_\_\_  
\_\_\_\_\_ surgery on either ear (ages \_\_\_\_\_ )  
\_\_\_\_\_ few ear infections (ages \_\_\_\_\_ )

Are there any sounds that the child regards as painful or distressing?

\_\_\_\_\_ none          \_\_\_\_\_ a few sounds          \_\_\_\_\_ some sounds          \_\_\_\_\_ many sounds          \_\_\_\_\_ most sounds

Please indicate specific sounds, if known: \_\_\_\_\_

Does this hypersensitivity to sounds vary with location, overall noise level, health, behavior, time of day, or weather? \_\_\_\_\_

Does your child have difficulty with expressive language? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have difficulty with receptive language? If so, Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child able to walk without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you feel is important for us to know? Any comments or concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please return this form with your order. Thank you.**

# AUDITORY PROBLEMS CHECKLIST

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Observer's Name \_\_\_\_\_ Relationship to Prospective AIT Trainee \_\_\_\_\_

Date \_\_\_\_\_

Please place a check mark before each item that is considered to be a concern by the observer:

- \_\_\_ 1. Has a history of hearing loss.
- \_\_\_ 2. Has a history of ear infection(s).
- \_\_\_ 3. Does not pay attention (listen) to instructions 50% or more of the time.
- \_\_\_ 4. Does not listen carefully to direction- often necessary to repeat instructions.
- \_\_\_ 5. Says "Huh?" and "What?" at least five or more times per day.
- \_\_\_ 6. Cannot attend to auditory stimuli for more than a few seconds.
- \_\_\_ 7. Has short attention span.  
( if this item is checked, \_\_\_\_\_ 0-2 min. \_\_\_\_\_ 5-15 min.  
also check the most \_\_\_\_\_ 2-5 min. \_\_\_\_\_ 15-30 min.  
appropriate time frame.)
- \_\_\_ 8. Daydreams- attention drifts- not with it at times.
- \_\_\_ 9. Is easily distracted by background sound(s).
- \_\_\_ 10. Has difficulty with phonics.
- \_\_\_ 11. Experiences problems with sound discrimination.
- \_\_\_ 12. Forgets what is said in few minutes.
- \_\_\_ 13. Does not remember simple routine things from day to day.
- \_\_\_ 14. Displays problems recalling what was heard last week, month, year.
- \_\_\_ 15. Has difficulty recalling a sequence that has been heard.
- \_\_\_ 16. Experiences difficulty following auditory directions.
- \_\_\_ 17. Frequently misunderstands what is said.
- \_\_\_ 18. Does not comprehend many words- verbal concepts for age/grade level.
- \_\_\_ 19. Learns poorly through the auditory channel.
- \_\_\_ 20. Has a language problem (morphology, syntax, vocabulary, phonology).
- \_\_\_ 21. Has an articulation (phonology) problem.
- \_\_\_ 22. Cannot always relate what is heard to what is seen.
- \_\_\_ 23. Lacks motivation to learn.
- \_\_\_ 24. Displays slow or delayed response to verbal stimuli.
- \_\_\_ 25. Demonstrates below average performance in one or more academic area(s).

\_\_\_\_\_  
Signature of Observer

Please return this form with your order. Thank you.

**SHIP TO: NAME** \_\_\_\_\_  
 c/o \_\_\_\_\_  
 Street Address (no PO Box) \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

DESCRIPTION	QTY	Price Each	TOTAL
<p align="center"><b><u>Auditory Integration Training CD</u></b>  <b><u>ORDER FORM</u></b></p> <p>To order by phone call 828-216-5629</p> <p><u>Mail or Fax to:</u>            Serious Composer, Inc.            PO Box 18041            Asheville, NC 28814            Fax: 828-253-4573            Phone: 828-216-5629</p>		Sub-Total	
		NC Residents Add 7% Sales Tax	
		Shipping and Handling	
		Total	

**METHOD OF PAYMENT**  
 Personal Check Enclosed (order will be held for 3 weeks)   
 Certified Check/Money Order Enclosed   
 Visa   
 MasterCard

Card Holder's Name \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Name of Issuing Bank \_\_\_\_\_

**Card Holder's Signature (Cannot ship without card holder's signature)** \_\_\_\_\_

**Agreement:** I understand that (1) this product is not intended to diagnose, treat, cure, or prevent any disease; (2) Serious Composer, Inc. does not manufacture or distribute medical devices; (3) all services, equipment, recordings, supplies, and other materials provided by Serious Composer, Inc. are intended for teaching, learning, training, and educational purposes only. I agree to use this equipment and training exclusively for the purposes for which it was intended as outlined above. I agree to hold Serious Composer, Inc., its officers and employees harmless from any claims of loss incurred in connection with the furnishing, performance or use of these materials.

**Signature (Cannot ship without signature)** \_\_\_\_\_

**NOTE: Please see cover letter for detailed information on the hearing assessment that, in most cases, should accompany the submission of the preliminary questionnaire and order form.**