

DATE: _____

LAST NAME: _____

FIRST NAME: _____

SALLY BOBER **& ASSOCIATES**

THE LISTENING PROGRAM CONSENT OF USE FOR CHILD

Please read this Consent of Use carefully. A signed, returned consent form will mean that you have agreed to have your child or individual for whom you are the legal guardian participate in the use of The Listening Program, and that you have read and agreed to the contents of this form.

I understand that The Listening Program is for educational purposes only and has not been reviewed by the FDA, and Advanced Brain Technologies, LLC (ABT) makes no medical claims concerning its use. I further understand that there may be no benefit in any way from The Listening Program.

I understand that if there should be any experience of physical and/or behavioral discomfort during or possibly resulting from use of The Listening Program, I will not hold ABT, nor its agent, authorized providers, dealers, employees, or associates responsible for the physical and/or behavioral problems.

I understand that The Listening Program is only to be used with the individual named on this form.

I give my consent for _____ to participate in the use of The Listening Program. I have read, understand, and agree with the information outlined in this consent form.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____

*Please make a photocopy of the Consent of Use form for your records and send the original to your Authorized Provider of The Listening Program.

DATE: _____ LAST NAME: _____ FIRST NAME: _____

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THE LISTENING PROGRAM: LISTENING CHECKLIST

Listening is an ability that cannot be seen. The only way to gauge listening is indirectly, through an evaluation of related skills. This checklist offset a catalog of skills related to listening. This information is helpful in assessing receptive and expressive listening ability.

Patient Name: _____ Observer: _____ Date: _____

Cycle #: _____ PRE or POST

RECEPTIVE LISTENING AND LANGUAGE

This is listening which focuses outside the self, relative to what others are saying or what is going on in the work, school or home environment. Mark the most appropriate option.

	RARELY	SOMETIMES	OFTEN	ALWAYS
Difficulty staying focused	_____	_____	_____	_____
Short attention span	_____	_____	_____	_____
Easily distractible, especially by noise	_____	_____	_____	_____
Oversensitivity to certain sounds	_____	_____	_____	_____
Misinterprets questions or requests	_____	_____	_____	_____
Difficulty in sound discrimination	_____	_____	_____	_____
Confuses similar sounding words	_____	_____	_____	_____
Needs repetition and clarification more than usual	_____	_____	_____	_____
Can only follow 1 or 2 instructions in a sequence	_____	_____	_____	_____
Difficulty understanding discussions	_____	_____	_____	_____
Poor short-term memory	_____	_____	_____	_____
Poor long-term memory	_____	_____	_____	_____
Must read material several times to absorb content	_____	_____	_____	_____
Tires easily	_____	_____	_____	_____
Becomes sleepy when listening to speakers/reading	_____	_____	_____	_____
Difficulty hearing low male voices	_____	_____	_____	_____
Difficulty hearing high female voices	_____	_____	_____	_____
Seems that most people speak too fast	_____	_____	_____	_____

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EXPRESSIVE LISTENING AND LANGUAGE

This is listening which focuses inside the self, including checking, monitoring and reproducing correctly what one hears, especially one's own voice and speech. Mark the most appropriate option.

	RARELY	SOMETIMES	OFTEN	ALWAYS
Flat and monotonous voice quality	_____	_____	_____	_____
Speech lacks fluency and rhythm is hesitant	_____	_____	_____	_____
Difficulty recalling exact word usage	_____	_____	_____	_____
Sings out of tune	_____	_____	_____	_____
Difficulty with reading, especially out loud	_____	_____	_____	_____
Poor spelling	_____	_____	_____	_____
Difficulty summarizing a story	_____	_____	_____	_____
Difficulty relating isolated facts	_____	_____	_____	_____
Stumbles over words	_____	_____	_____	_____

MOTOR SKILLS

This is listening to the body. These skills are related to integration of several sensory systems, and involve balance, coordination, body image, spatial awareness, and temporal orientation. Mark if any of the following apply.

_____ Poor posture, including slouching and slumping	_____ Clumsiness, including tripping and stumbling
_____ Inadequate sense of personal space and/or physical boundaries	_____ Frequent confusion about location and/or direction
_____ Atypical drive for movement and/or touch	_____ Poor sense of rhythm / movement timing
_____ Uncoordinated body movement	_____ Poor athletic skills
_____ Fidgeting	_____ Messy handwriting
_____ Confusion of right and left	_____ Difficulty with organization and structure

LEVEL OF ENERGY

The ear acts as a dynamo, providing us with electrical energy that affects the brain and nervous system. This energy is necessary for our survival and for us to achieve fulfilling lives. Mark if any of the following apply.

_____ Difficulty getting up	_____ Hyperactivity
_____ Tiredness at the end of the day	_____ Tendency towards depression
_____ Habit of procrastinating	_____ Feels overburdened with everyday tasks

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BEHAVIORAL AND SOCIAL ADJUSTMENT

A wide variety of behaviors and attitudes may be related to listening problems. Mark if any of the following apply.

- | | |
|---|--|
| <input type="checkbox"/> Low frustration tolerance | <input type="checkbox"/> Hesitant to accept responsibility |
| <input type="checkbox"/> Poor self-image or low self-confidence | <input type="checkbox"/> Does not complete assignments |
| <input type="checkbox"/> Tense and anxious | <input type="checkbox"/> Lack of tactfulness |
| <input type="checkbox"/> Limited sense of aliveness | <input type="checkbox"/> Tendency to act immaturely |
| <input type="checkbox"/> Difficulty setting goals / priorities | <input type="checkbox"/> Does not tolerate stress well |
| <input type="checkbox"/> Inordinately tired at end of the school day | <input type="checkbox"/> Difficulty in making and/or keeping friends |
| <input type="checkbox"/> Difficulty in beginning and/or completing projects | <input type="checkbox"/> Withdraws from or avoids social interactions |
| <input type="checkbox"/> Difficulty with time concepts and punctuality | <input type="checkbox"/> Difficulty making judgements and generalizing in new situations |

DEVELOPMENTAL HISTORY

Listening difficulties develop early in life and are related to other developmental issues. Mark if any of the following apply.

- | | |
|---|---|
| <input type="checkbox"/> Delayed motor development | <input type="checkbox"/> Has had dangerous experiences |
| <input type="checkbox"/> Delayed speech development | <input type="checkbox"/> Has had frightening experiences |
| <input type="checkbox"/> Delayed language development | <input type="checkbox"/> Mother had stressful pregnancy |
| <input type="checkbox"/> Recurring ear infections | <input type="checkbox"/> Experienced early separation from the mother (ex: Hospitalization, mother illness, incubation) |
| <input type="checkbox"/> Experienced emotional trauma | |

ENVIRONMENTAL HISTORY

Environmental factors or trauma may affect listening. Mark if any of the following apply.

- | | |
|--|---|
| <input type="checkbox"/> Exposure to loud sounds such as gunfire or concerts | <input type="checkbox"/> Ringing in one or both ears |
| <input type="checkbox"/> Delayed motor development | <input type="checkbox"/> Suffered a concussion or head trauma |
| <input type="checkbox"/> Suffers from headaches | |

Describe: _____

FOREIGN LANGUAGES

Different languages offer unique sound characteristics. Repeated exposure to specific languages is thought to affect listening. List the languages other than English spoken in your home: _____

Additional Comments: _____

DATE: _____ LAST NAME: _____ FIRST NAME: _____

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BONE CONDUCTION OBSERVATION CHECKLIST

Name: _____ Date: _____

Observation Type: _____ Baseline _____ Week1 _____ Week 2

Observer: _____

SOCIAL / EMOTIONAL:

Please check all relevant areas.

INCREASE	DECREASE
----------	----------

_____	_____	Eye contact
_____	_____	Motivation
_____	_____	Emotional
_____	_____	Animation
_____	_____	Self confidence
_____	_____	Responsible
_____	_____	Independence
_____	_____	Frustration tolerance

INCREASE	DECREASE
----------	----------

_____	_____	Flexibility
_____	_____	Relationship with peers/adults
_____	_____	Sensitivity to voice tone, facial or body messages
_____	_____	Affection, touching or hugging
_____	_____	Sense of humor

LANGUAGE:

Please check all relevant areas.

INCREASE	DECREASE
----------	----------

_____	_____	Quicker response to verbal directions or instructions
_____	_____	Talking/communication
_____	_____	Vocabulary
_____	_____	Phonological awareness
_____	_____	Sentence structure
_____	_____	Sight word recognition
_____	_____	Initiation in reading
_____	_____	Read aloud
_____	_____	Initiating verbal participation

INCREASE	DECREASE
----------	----------

_____	_____	Recognition of phonemes auditory/visual-auditory
_____	_____	Silent reading skills
_____	_____	Spelling skills
_____	_____	Asking questions
_____	_____	Vocal quality
_____	_____	Speaking quality
_____	_____	Reading comprehension
_____	_____	Ability to create a story
_____	_____	Ability to tell a story

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PHYSICAL/MOTOR:

Please check all relevant areas.

INCREASE	DECREASE		INCREASE	DECREASE	
_____	_____	Upright posture	_____	_____	Handwriting skills
_____	_____	Restlessness	_____	_____	Reversals
_____	_____	Physical coordination	_____	_____	Sound sensitivity
_____	_____	Energy level	_____	_____	Touch sensitivity
_____	_____	Sense of rhythm	_____	_____	Confuses left/right on self
_____	_____	Awareness of self related to environment/others	_____	_____	Confuses left/right on others

Change in sleep patterns: _____

Change in eating patterns: _____

ATTENTION/ORGANIZATION:

Please check all relevant areas.

INCREASE	DECREASE		INCREASE	DECREASE	
_____	_____	Visual attention	_____	_____	Ability to gather needed materials
_____	_____	Auditory attention	_____	_____	Ability to organize materials for a task
_____	_____	Impulse control	_____	_____	Global directness in unstructured activities
_____	_____	Task initiation	_____	_____	Ability to follow familiar classroom routines
_____	_____	Task performance			
_____	_____	Task completion			
_____	_____	Ability to sequence steps of an activity			