

## **QUESTIONNAIRE: Processing Issues**

Here are the general questions you should ask the student. Please feel free to adjust the questions to meet the age and/or developmental profile as needed. Know that you may need to complete the questionnaire over several “meetings” since it is so long. You may also need to link the questioning to something that the student likes if they are young or hesitant to respond (e.g., becoming a fireman, etc.). Take any action or use any strategy required to get valid information!

DISCLAIMER: The intent of this questionnaire is to obtain information that can be used to determine the source of a student’s problem(s). This form is not designed to diagnose problems in any way. Yes, you may follow-up with me to obtain my informal opinion, but if you receive any information that is of concern to you, regardless of my response, please follow-up with a qualified professional for assistance and a valid diagnosis.

=====

**VISION** *(You may need to have the student interact with visual material to get an accurate answer.)*

1. Do you ever see double?
2. If you read something and then look at white wall, do you still see the print?
3. *Have student look across the room with their right eye covered. Now have them do the same while covering their left eye. Ask them: Do things look different when you use the two different eyes? Are things lighter, darker, larger, look funny, etc....*
4. Do you have problems staying on the right line when you read? Do you lose your place often?
5. Do things get fuzzy when you look from the board to your book? What if you are reading and then look up at the board or the teacher...are things fuzzy for a while?
6. Does print ever look like it is moving, disappearing or turning different colors?

**Teacher or Parent Observations**

1. Does the student squint, rub their eyes, or complain of pain?
2. Does the student turn their head back and forth a great deal?
3. Does the student close their eyes to rest them frequently?

**HEARING** *(You may need to have the student observe these things and report back later.)*

1. Do you have problems hearing people speak when the room is noisy?
2. Do you have problems hearing the difference between some letter sounds, like b, p, and d?
3. Do you have problems hearing people talk to you on the playground or at lunch?

**Teacher or Parent Observations**

1. Does the student seem to miss oral instructions or appear to ignore you?
2. Does the student often need to have verbal information repeated?
3. Does the student dislike noises like vacuum cleaners, fire alarms, etc.?

**WRITING** *(You may need to observe the student's writing in addition to hearing the student's perception of the activity.)*

1. Do you have any problems writing: sloppy, off of the line, unusual spacing, etc.?
2. Do you find it easier to print rather than write in cursive?
3. If you write in cursive, do you find yourself going back and forth between cursive and print?
4. Does your hand hurt when you write?
5. Do you feel like you forget things when you begin to write?

**Teacher or Parent Observations**

1. Does the student have very messy handwriting?
2. Does the student appear to be much more intelligent than their written work indicates?
3. How does the student perform other fine motor tasks (games, eating, buttons, etc.)?

**MOVEMENT** *(You may need to observe these activities in addition to hearing the student's perception.)*

1. Do you feel like you are going to fall when you go downstairs?
2. Do you find it scary to walk when the hall is crowded?
3. Do you feel like the world is spinning or like you are falling when you lie down to go to sleep?
4. *Have student stand still with their arms stretched straight out in front of them and close their eyes. Have them stay this way for at least 45 seconds (if they can). Ask them: Did your body feel funny? What did you feel? Did you feel like you were going to fall? Did you feel tingles or prickles in your arms, back or legs?*

**Teacher or Parent Observations**

1. Does the student shuffle and/or seem to avoid picking up their feet?
2. Does the student have difficulty sitting crossed-legged on the floor?
3. Does the student sway their back or wing their shoulder blades?
4. Did the student jerk, lose their balance or shudder when they performed action #4 (above)?

**SENSORY** (*Feel free to ask questions along this line, but adult observation is usually the best source for this information...*)

**Teacher or Parent Observations**

1. Does the student dislike certain sensory inputs (e.g., glue, finger-paint, tags in clothing, smells, sounds, tastes, textures of food, etc.)?
2. Does the student ask people to move away, complain about hearing people “breathe”, or desire more quiet or less movement than typical?
3. Does the student like things like blankets or clothing to be unusually tight or loose?
4. Does the student break objects they touch at an unusual rate (e.g., toys, crayons, etc.)?
5. Does the student break out in hives for unknown reasons?
6. Does the student show any unusual attention patterns (e.g., blank stares, complains about losing periods of time/not being there or hearing, etc.)