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***Building Sound Foundations to Complete the Circle of Communication***

**Name: Date of Birth**

# Multisensory Profile

Please indicate current level of performance on a scale of 1-5, for each of the specific multisensory skills

(1-for severe concerns; and 5 for no concerns in that area)

**Buffalo Model Questionnaire**

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| --- | --- | --- | --- | --- | --- |
| **Areas Related to Auditory Processing** | 1 | 2 | 3 | 4 | 5 |
| ***Decoding Skills*** |  |  |  |  |  |
| Speech and Articulation |  |  |  |  |  |
| Understanding language |  |  |  |  |  |
| Understanding verbal directions |  |  |  |  |  |
| Oral reading accuracy |  |  |  |  |  |
| Phonics |  |  |  |  |  |
| Spelling |  |  |  |  |  |
| Responds slowly/ Delayed responses |  |  |  |  |  |
| Speaks slowly |  |  |  |  |  |
| ***Sensitivity to Noise*** |  |  |  |  |  |
| Hypersensitive to sounds |  |  |  |  |  |
| Distracted by sounds |  |  |  |  |  |
| Understand speech in noise |  |  |  |  |  |
| Noisy child- makes noises |  |  |  |  |  |
| ***Short Term Memory*** |  |  |  |  |  |
| Responds quickly |  |  |  |  |  |
| Reading Comprehension |  |  |  |  |  |
| Frequently interrupts |  |  |  |  |  |
| Speaks quickly |  |  |  |  |  |
| Forgets things told |  |  |  |  |  |
| Remembers oral directions |  |  |  |  |  |
| ***Organization*** | 1 | 2 | 3 | 4 | 5 |
| Keeping things in order |  |  |  |  |  |
| Keeping things in proper sequence |  |  |  |  |  |
| Messy/ tends to lose things |  |  |  |  |  |
| ***Integration*** |  |  |  |  |  |
| Very poor handwriting |  |  |  |  |  |
| Auditory-Visual Integration |  |  |  |  |  |
| Severe-Reading/ Spelling |  |  |  |  |  |
| Severe Visual Perception |  |  |  |  |  |
| Dyslexia |  |  |  |  |  |
| Sometimes very long response delay |  |  |  |  |  |
| **Areas Related to Auditory Processing** | 1 | 2 | 3 | 4 | 5 |
| ***Other Areas Related to APD*** |  |  |  |  |  |
| Processing what is heard |  |  |  |  |  |
| Learning problems |  |  |  |  |  |
| Following verbal directions |  |  |  |  |  |
| Hypersensitivity to touch |  |  |  |  |  |
| Math |  |  |  |  |  |
| Long-Term memory |  |  |  |  |  |
| Behavior difficulties |  |  |  |  |  |
| Anxiety to new situations |  |  |  |  |  |
| Using Language |  |  |  |  |  |
| Head Injury |  |  |  |  |  |
| Intellectually Challenged |  |  |  |  |  |
| Autism or related problems |  |  |  |  |  |
| Ear Infections/ Fluid in ear |  |  |  |  |  |
| Hearing Deficits |  |  |  |  |  |
| Allergies |  |  |  |  |  |
| ADHD/ ADD |  |  |  |  |  |
| Eye Contact with Speaker |  |  |  |  |  |
| Psychological issues |  |  |  |  |  |
| Attention |  |  |  |  |  |
| Coordination |  |  |  |  |  |

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| ***Auditory Sensitivity*** | 1 | 2 | 3 | 4 | 5 |
| Sensitive to sounds |  |  |  |  |  |
| Overreacts to loud environment noise |  |  |  |  |  |
| Sensitive to quiet environment noise |  |  |  |  |  |
| Frequent repetition of information |  |  |  |  |  |
| Anxiety-avoid loud noisy environment |  |  |  |  |  |

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| ***Visual Sensitivity*** | 1 | 2 | 3 | 4 | 5 |
| Does not recognize repeated words |  |  |  |  |  |
| Reverses letters or words in writing |  |  |  |  |  |
| Difficulty recognizing minor difference |  |  |  |  |  |
| Confuses words with same beginning/end |  |  |  |  |  |
| Cannot visualize read information-silent or aloud |  |  |  |  |  |
| Whispers to self when reading aloud |  |  |  |  |  |
| Draws with fingers to recognize same-different |  |  |  |  |  |
| Loses interest quickly |  |  |  |  |  |
| Blinks a lot when reading or with desk work |  |  |  |  |  |
| Holds book too close |  |  |  |  |  |
| Makes errors when copying from board to paper |  |  |  |  |  |
| Makes errors when copying from page to paper |  |  |  |  |  |
| Squints to see the board |  |  |  |  |  |
| Rubs eyes during sustained visual activity |  |  |  |  |  |
| Eyes turns in or out at any time |  |  |  |  |  |
| Redness in eyes or lids |  |  |  |  |  |
| Excessive tearing |  |  |  |  |  |
| Encrusted eyelids |  |  |  |  |  |
| Frequent styes on lids |  |  |  |  |  |
| Burning or itchy eyes |  |  |  |  |  |
| Print blurs after short reading/ writing |  |  |  |  |  |
| Seeing double |  |  |  |  |  |
| Words move or swim on page |  |  |  |  |  |
| Heads turns on page when reading |  |  |  |  |  |
| Loses place when reading |  |  |  |  |  |
| Uses finger to mark place |  |  |  |  |  |
| Short attention for reading/ writing |  |  |  |  |  |
| Frequently omits words |  |  |  |  |  |
| Writes uphill or downhill on paper |  |  |  |  |  |
| Skips lines unknowingly-rereads |  |  |  |  |  |
| Poor drawing orientation on page |  |  |  |  |  |
| Repeats letters within words |  |  |  |  |  |
| Omits letter/word/phrase/number |  |  |  |  |  |
| Misaligns digits in number columns |  |  |  |  |  |
| Squints/closes/covers one eye |  |  |  |  |  |
| Extreme head tilt during desk work |  |  |  |  |  |
| Odd working posture at desk |  |  |  |  |  |
| Feels things to get an idea |  |  |  |  |  |
| Eyes not used to steer or orient hand |  |  |  |  |  |
| Writes crookedly, poorly spaced |  |  |  |  |  |
| Misaligns horizontal- vertical numbers |  |  |  |  |  |
| Uses hand to control alignment |  |  |  |  |  |
| Left-right confusion |  |  |  |  |  |

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| ***Tactile Sensitivity*** | 1 | 2 | 3 | 4 | 5 |
| Sensitive to touch or hugs unless self-initiated |  |  |  |  |  |
| Prefers certain textures |  |  |  |  |  |
| Prefers certain types of clothes |  |  |  |  |  |
| Prefers loose clothes |  |  |  |  |  |
| Prefers tight clothes |  |  |  |  |  |
| Prefers long sleeves |  |  |  |  |  |
| Prefers short sleeves |  |  |  |  |  |
| Dislikes shoes |  |  |  |  |  |
| Dislikes socks |  |  |  |  |  |
| Prefers messy hands |  |  |  |  |  |
| Prefers clean hands |  |  |  |  |  |
| Craves for touch and deep pressure |  |  |  |  |  |
| ***Gustatory Sensitivity*** |  |  |  |  |  |
| Picky eater |  |  |  |  |  |
| Prefers certain textures |  |  |  |  |  |
| Eats limited types of food |  |  |  |  |  |
| Strong need to control their diet |  |  |  |  |  |
| ***Olfactory Sensitivity*** |  |  |  |  |  |
| Over reactive to smells/ aromas/ scents |  |  |  |  |  |
| Under reactive to smells/ aroma/scents |  |  |  |  |  |
| ***Seeking Sensory Input*** |  |  |  |  |  |
| Chews on non-food items |  |  |  |  |  |
| Noisy/sings/hums inappropriately |  |  |  |  |  |
| Crashes into things-runs/jumps |  |  |  |  |  |
| Spins around in circles |  |  |  |  |  |
| Strong need for movement |  |  |  |  |  |
| Craves to touch/ squeeze others |  |  |  |  |  |
| Fidgets with objects in hands |  |  |  |  |  |
| Hyper-focused on activity |  |  |  |  |  |
| Jumps activities too quickly |  |  |  |  |  |

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| ***Coordination*** | 1 | 2 | 3 | 4 | 5 |
| Fine motor |  |  |  |  |  |
| Gross motor |  |  |  |  |  |
| Rhythm  |  |  |  |  |  |
| Muscle tone |  |  |  |  |  |
| Cadence |  |  |  |  |  |
| **Motor Skills** |  |  |  |  |  |
| Poor posture including slouching and slumping |  |  |  |  |  |
| Inadequate sense of personal space |  |  |  |  |  |
| Atypical drive for movement and or touch |  |  |  |  |  |
| Uncoordinated body movement |  |  |  |  |  |
| Fidgeting |  |  |  |  |  |
| Clumsiness, including tripping and stumbling |  |  |  |  |  |
| Confusion of right and left  |  |  |  |  |  |
| Frequent confusion about location and direction |  |  |  |  |  |
| Poor sense of rhythm or timing of movement |  |  |  |  |  |
| Poor athletic skills |  |  |  |  |  |
| Difficulty with organization and structure |  |  |  |  |  |

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| ***Communication*** | 1 | 2 | 3 | 4 | 5 |
| Maintaining listening posture |  |  |  |  |  |
| Body Language |  |  |  |  |  |
| Overall affect-facial expressions |  |  |  |  |  |
| Initiating conversations |  |  |  |  |  |
| Maintaining conversation topics |  |  |  |  |  |
| Active participant (not reticent) |  |  |  |  |  |
| Greeting and closing in conversation |  |  |  |  |  |
| Voice inflections (monotone voice) |  |  |  |  |  |
| Voice projection (inaudible voice) |  |  |  |  |  |
| Word finding difficulties |  |  |  |  |  |
| **Receptive Language** |  |  |  |  |  |
| Difficulty staying focused  |  |  |  |  |  |
| Short attention span |  |  |  |  |  |
| Easily distractible especially noise |  |  |  |  |  |
| Oversensitive to certain noises |  |  |  |  |  |
| Misinterprets questions and requests |  |  |  |  |  |
| Difficulty in sound discrimination |  |  |  |  |  |
| Confuses similar sounds |  |  |  |  |  |
| Needs repetition and clarification more than usual |  |  |  |  |  |
| Difficulty following more than 1-2 step directions |  |  |  |  |  |
| Difficulty understanding discussions |  |  |  |  |  |
| Reads material many times to absorb content |  |  |  |  |  |
| Tires easily |  |  |  |  |  |
| Becomes sleepy when listening to speakers or reading |  |  |  |  |  |
| Difficulty hearing low male voices |  |  |  |  |  |
| Difficulty hearing high female voices |  |  |  |  |  |
| Seams that most people speak too fast |  |  |  |  |  |
| **Expressive Language** |  |  |  |  |  |
| Speech Lacks fluency and rhythm and is hesitant |  |  |  |  |  |
| Difficulty recalling exact word usage |  |  |  |  |  |
| Sings out of tune |  |  |  |  |  |
| Difficulty with reading especially aloud |  |  |  |  |  |
| Difficulty summarizing a story |  |  |  |  |  |
| Difficulty relating isolated facts |  |  |  |  |  |
| Stumbles over words |  |  |  |  |  |

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| ***Task Completion*** | 1 | 2 | 3 | 4 | 5 |
| Sustained attention |  |  |  |  |  |
| Reminders and redirections |  |  |  |  |  |
| Resistance (therapy/homework/etc) |  |  |  |  |  |
| School Performance |  |  |  |  |  |
| Habit of procrastinating |  |  |  |  |  |
| ***Temperament*** |  |  |  |  |  |
| Retreats in unfamiliar settings |  |  |  |  |  |
| Separates from familiar settings easily |  |  |  |  |  |
| Takes time to warm up  |  |  |  |  |  |
| Stays alone/ loner when with peers |  |  |  |  |  |
| Specific heightened fears  |  |  |  |  |  |
| Highly reactive to changes  |  |  |  |  |  |
| **Behavior/Social Adjustment/ Energy Level** |  |  |  |  |  |
| Low frustration tolerance |  |  |  |  |  |
| Poor self-image |  |  |  |  |  |
| Difficulty in making and keeping friends |  |  |  |  |  |
| Withdraws from or avoids social interactions |  |  |  |  |  |
| Inordinately tired at end of the school day |  |  |  |  |  |
| Low motivation, minimal interest, little desire to participate-school |  |  |  |  |  |
| Tense and anxious |  |  |  |  |  |
| Difficulty setting goals and priorities |  |  |  |  |  |
| Difficulty in beginning and completing projects |  |  |  |  |  |
| Difficulty with time concepts and punctuality  |  |  |  |  |  |
| Difficulty making judgements and generalizing to new situations |  |  |  |  |  |
| Hesitant to accept responsibility |  |  |  |  |  |
| Does not complete assignments |  |  |  |  |  |
| Lack of tactfulness |  |  |  |  |  |
| Tendency to act immaturely |  |  |  |  |  |
| Does not tolerate stress well |  |  |  |  |  |
| Difficulty getting up |  |  |  |  |  |
| Tiredness at the end of the day |  |  |  |  |  |
| Hyperactivity |  |  |  |  |  |
| Feels overburdened with everyday tasks |  |  |  |  |  |
| Seems oppositional and controlling |  |  |  |  |  |
| Difficulty with change-transitions |  |  |  |  |  |
| Easily gets angry and frustrated  |  |  |  |  |  |
| Impulsive |  |  |  |  |  |
| Melt-downs/ tantrums frequently |  |  |  |  |  |
| Difficulty calming down when upset |  |  |  |  |  |
| Difficulty letting go of topic or idea |  |  |  |  |  |

Acknowledgements:

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 Buffalo Model Questionnaire- Dr.Jack Katz Audiologist Kansas City jackkatz@buffalo.edu

Sensory Integration Questionnaire- Suzanne Starseed OT Richmond VA suzannestarseed@aol.com

The Listening Program Questionnaire- Advanced Brain Technology Utah abt@advancedbrain.com

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