

BUFFALO MODEL QUESTIONNAIRE-REVISED

Name _____ Date _____

Age _____ Grade _____ Form completed by _____

Please circle 'Y' if your child is currently receiving or has received any of the services and indicate the number of years received:

Y Auditory training? _____ yrs	Y Speech therapy? _____ yrs	Y Phonological awareness training? _____ yrs
Y Special phonics training? _____ yrs	Y Reading therapy/tutoring? _____ yrs	Y Sensory-integration training? _____ yrs

1) Please circle 'Y' if this may be a problem or 'N' if not a problem

2) If it does not apply, circle 'NA' (e.g., if a kindergartner has no foreign language training; circle 'NA' for #8)

DEC 1) Y N NA Speech (saying sounds) 2) Y N NA Understand language 3) Y N NA Understand verbal directions 4) Y N NA Oral Reading Accuracy 5) Y N NA Phonics 6) Y N NA Spelling 7) Y N NA Responds slowly/delayed 8) Y N NA Foreign language learning 9) Y N NA Speaks slowly Noi 10) Y N NA Hypersensitive to sounds 11) Y N NA Distracted by sounds 12) Y N NA Understand speech in noise 13) Y N NA Noisy child/makes noises Mem 14) Y N NA Responds quickly 15) Y N NA Frequently interrupts others 16) Y N NA Reading Comprehension 17) Y N NA Speaks quickly 18) Y N NA Forgets things told 19) Y N NA Remember oral directions Var 20) Y N NA Attention 21) Y N NA Using language 22) Y N NA ADHD/ADD 23) Y N NA Anxiety (e.g. new situations)	INT 24) Y N NA Very poor handwriting 25) Y N NA Auditory-Visual Integration 26) Y N NA Severe reading/spelling 27) Y N NA Severe visual perception 28) Y N NA Sometimes very long delays 29) Y N NA Dyslexia ORG 30) Y N NA Keeping things in order 31) Y N NA Keeps things in proper sequence 32) Y N NA Messy/tends to lose things APD 33) Y N NA Ear infections/ ear fluid as child 34) Y N NA Processing what is heard 35) Y N NA Learning problems (LD) 36) Y N NA Following verbal directions 37) Y N NA Intellectually challenged 38) Y N NA Head injury 39) Y N NA Autism or related problem Gen 40) Y N NA Hypersensitive to touch 41) Y N NA Eye contact with speaker 42) Y N NA Long-term memory 43) Y N NA Psychological 44) Y N NA Behavior 45) Y N NA Coordination 46) Y N NA Allergies 47) Y N NA Math 48) Y N NA Hearing
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Comments, explanations, questions: _____

For Office Use Only

DEC	(Noi)	(Mem)	(Var)	TFM	INT	ORG	APD	ΣCAP	(Gen)
/9	(/4)	(/6)	(/4)	/14	/6	/3	/7	/39	(/9)