



Buffalo Model Questionnaire – Revised Child Form

Name: _____ Age: _____ Date: _____

Please indicate if your child is currently receiving or has received any of the services and the number of years.			
Question	YES	NO	COMMENTS
Auditory Training			
Speech Therapy			
Phonological awareness training			
Special phonics training			
Special help with reading			
Sensory-integration training			

Please mark "YES" if the statement applies to your child or "NO if not a problem			
DECODING			
My child has a problem saying speech sounds			
My child has a problem understanding language			
My child has a problem understanding spoken instructions			
My child has a problem reading aloud			
My child has a problem with phonics			
My child has a problem with spelling			
My child responds slowly/delayed to spoken language			
My child has a problem learning a foreign language			
My child speaks slowly			

NOISE			
My child is hyper-sensitive to noise			
My child is distracted by noise			
My child struggles to understand speech in noise			
My child is noisy/makes more noise in comparison to their peers			

MEMORY			
My child responds quickly at times			
My child frequently interrupts others talking			
My child has a problem with reading comprehension			
My child speaks quickly			
My child forgets things they have been told			
My child has a problem remembering spoken instructions			



**West Coast Auditory
Processing Center, LLC**

Name: _____ Age: _____ Date: _____

VARIOUS			
My child has a problem paying attention			
My child has a problem using language			
My child has ADHD/ADD			
My child has anxiety			

INTEGRATION			
My child has extremely poor handwriting			
My child has a problem integrating auditory and visual information			
My child has significant reading and spelling difficulties			
My child has significant visual perception difficulties			
My child sometimes has very long response delays			
My child has dyslexia			

ORGANIZATION			
My child has a problem keeping things organized			
My child has a problem sequencing verbal items/information			
My child is messy/tends to lose things			

AUDITORY			
My child has a history of ear infections/fluid			
My child has a problem understanding what is said			
My child has a learning disability			
My child has a problem following spoken instructions			
My child has an intellectual disability			
My child had a head injury			
My child has autism or a related problem			

GENERAL			
My child is hypersensitive to touch			
My child has a problem maintaining eye contact with a speaker			
My child has a problem with long term memory			
My child has a psychological problem			
My child has a behavior problem			
My child has a problem coordinating body movements			
My child may have allergies			
My child has a problem learning math concepts			

Summary of Buffalo Model Questionnaire Responses

DEC	NOISE	MEM	VAR	INT	ORG	AUD	GEN	TOTAL