

# Abba's Child

## LEARNING CENTER

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### Integrated Listening Systems Checklist - Adult

Your Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Phone #: \_\_\_\_\_ email: \_\_\_\_\_

*Please put answers in pre-program column:*

*0 – does not apply      1 – rarely      2 – sometimes      3 – often/always*

#### Pre-Program

#### Post-Program

	I am very sensitive to sound, light or touch	
	I feel overwhelmed in noisy environments and sensitive to loud sounds	
	I have low muscle tone	
	I am on the move all day long	
	I have difficulty with left and right – I get “turned around” easily	
	I have a poor sense of rhythm	
	I have sloppy handwriting	
	I feel like I am a clumsy person	
	I have poor posture, I lean on my desk, I have trouble sitting up straight	
	I have poor balance	
	I am easily frustrated	
	I am a slow reader	
	I have a difficult time interpreting others’ tone of voice	
	I am slow to pick up nuances	
	I have poor spelling	
	I mumble and others often ask me what I said	
	I have difficulty understanding what others are saying; cannot keep up	
	I must re-read written material several times before I comprehend it	
	I feel it is hard to concentrate or read in noisy environments	
	I do not sleep well, or I cannot get enough sleep	
	I do not like to be hugged	
	I am easily overwhelmed	
	I feel I am not reaching my potential	
	I do not adjust to social situations well	
	I have frequent mood fluctuations	
	I often misuse words and/or sounds	
	I feel like I often say “huh?” or “what?” and I need instructions repeated often	
	I feel scattered and disorganized	
	I have trouble following sequential directions	
	I have a poor memory	
	I am distracted easily and not able to stay on task	
	Planning ahead is difficult	
	I often fail to begin or complete tasks or projects unless I have help	

Adapted from Integrated Listening Systems