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

Comments, explanations, questions: _____

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For Office Use Only

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

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