

# **Referral Guidelines for Auditory Processing Disorder (APD)**

## **Considerations prior to referral for Auditory Processing Disorder Assessment**

First consideration:

There must be an educational reason for the referral. A formal checklist\* should be utilized to document the hearing/listening concerns in the classroom. There should also be evidence and documentation that a child is not succeeding in the current educational situation.

Second Consideration:

Are there strategies that can be implemented in the classroom prior to a referral for APD assessment and can we document the response to intervention? Does preferential seating, use of a non-personal FM system, change in teacher strategies improve the educational performance and negate the reason for referral?

Again, a formal checklist\* and data collection need to be utilized to determine the Rtl for a student.

Third Consideration:

If a child is already receiving SPED services, what additional or different information does the team expect from the assessment results, and what will the team do with the information? (ie. Change in placement, services, etc). Do the current levels of educational performance accurately reflect the student's performance and are the strengths and weaknesses being addressed?

Fourth consideration:

An APD assessment must be part of a comprehensive evaluation that includes at least cognitive and speech language assessments.

## **Student's who should not be referred**

- Student that qualifies for SPED services as hearing impaired or deaf.
- Student with documented global delays, brain trauma or brain injury

## **Students who will not be able to get a differential diagnosis of APD**

- Students with Autism
- Students with severe language impairments
- Students with mental retardation

- Students with ADHD

### **Referral for Auditory Processing Assessment**

- Referral will be part of the IDEA assessment process on ISPED.
- Request for assessment should specify APD assessment
- PWN should specify APD assessment
- An APD assessment must be part of a multidisciplinary approach to evaluation for eligibility for SPED services. Current speech/language assessment and cognitive assessment information should be available, or become part of the assessment request. Only APD assessment will be completed by HCDB.
- Request for assessment should be faxed to 735-8235, attn: Kris Takekawa

### **Diagnosis**

The diagnosis of APD does neither qualify a child for IDEA eligibility, nor entitles a child to additional services. This goes back to the first consideration, there must be an educational reason for the referral.

### **Treatment/Therapy**

Other than classroom accommodations and a change in teaching strategies, there are no empirically validated treatments for APD. There is no cure for APD. Children and adults must learn to compensate for their weaknesses, and may also need to be taught some organizational strategies.

For students who demonstrate a weakness on auditory processing tests reflecting difficulties hearing and/or understanding in noise, the use of an FM system may be appropriately recommended.

Student that exhibit an auditory processing disorder may qualify for traditional language therapy aimed at improving speech and language deficits exhibited on a speech/language evaluation.

Those students that show weaknesses on and APD assessment, but do not qualify for SPED services may need to be considered under Section 504.

\*A formal checklist such as the Children's Auditory Performance Scale (CHAPS), that quantifies the listening behaviors in the classroom, should accompany the referral.