

**Brandon Regional Health Authority
Audiology Department
Referral Requirements for Auditory Processing
Disorder (APD) Testing**

When referring for Auditory Processing Disorder testing, the following should occur **before** the referral:

The individual's educational team must:

State clearly and in detail what benefit or change in programming would result from an APD diagnosis. If there would be no change in programming or no benefit, the individual should not be referred for assessment.

The individual should:

1. Be at least 8 years old or older. Most of the behavioural APD tests are reliably normed down to 8 years of age. Normative data is available for younger ages however the range scores are very wide which reduces the sensitivity of the measure.
2. Have English as his/her primary language.
3. Have passed a hearing screening within the year. A peripheral hearing loss should be ruled out prior to a referral for APD assessment.
4. Have an IQ of 85 or higher.
5. Have had a recent psycho educational assessment (within the year) to determine LD (Learning Disability), ADD (Attention Deficit Disorder), or emotional problems, and performance related to cognitive ability. The assessment should include an assessment of working memory.
6. Have had a recent speech and language assessment (within the year), specifically looking at listening skills. The assessment should include receptive and expressive language ages as well as an assessment of the phonological skills.
7. Have intelligible speech.
8. Be able to follow directions and complete the APD testing.
9. Have a classroom observation completed by each of the individual's academic teachers on the Children's Auditory Performance Scale (CHAPS) or Screening Instrument For Targeting Educational Risk (SIFTER).

Auditory Processing Disorder should be considered only after complete evaluations for LD, ADD, and speech-language disorder have been conducted and examined. The psycho educational and speech/language assessments should be conducted and examined **prior to** referring for APD testing, not concurrently.

The referral should:

1. Include the minutes of the Individual Educational Plan (IEP) meeting and state clearly and in detail why the individual is being referred for an APD evaluation. Just to say the individual is being referred is not enough and does not justify the referral.

2. Include the psycho educational, speech/language assessment, and classroom observation. The classroom observation inventory (CHAPS or SIFTER) should be completed by each of the individual's teachers. The name of the teacher, subject area and type of classroom (open vs. closed) should be recorded at the top of the CHAPS or SIFTER form.
3. Include the results of any previous hearing assessment.
4. List any exceptionalities the individual has, including ADD.
5. Indicate whether or not the individual is taking medication for ADD. An individual, who is taking medication for ADD but has not taken it the morning of the testing, will be rescheduled.
6. Indicate what special classes the individual attends and for how much of the individual's day.
7. Indicate what modifications are being made for the individual at present.

Things to tell parents:

1. Testing for APD will not be considered unless the individual meets the requirements as listed, testing for LD, ADD, and speech/language disorder have been completed, and there is strong justification for the referral.
2. An individual who is on medication for ADD must have taken his/her medication before the APD testing.
3. All testing for APD will be conducted in the morning, when the individual is the most alert and fresh.

(Adapted from "Houston Guidelines for Referral for APD Evaluation", Marilyn Kent, Educational Audiologist, Cypress-Fairbanks School District, Houston, Texas, Educational Audiology Review, Summer 2002.)