BUFFALO MODEL QUESTIONNAIRE-REVISED

Name _____ **Date**_____

Age _____ **Grade** _____ **Form completed by** _____

Please circle 'Y' if the individual being evaluated 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 the statement applies to the person being evaluated or 'N' if the statement does not apply to the person
2) If it does not apply, circle 'NA' (e.g., if a kindergartner has no foreign language training; circle 'NA' for #9)

DEC

1) Y N Has difficulty saying speech sounds accurately
2) Y N Has difficulty understanding language
3) Y N Has difficulty understanding verbal directions
4) Y N NA Has difficulty reading aloud
5) Y N NA Has difficulty with phonics
6) Y N NA Has difficulty with spelling
7) Y N Responds slowly/delayed to spoken language
8) Y N Speaks slowly
9) Y N NA Has difficulty learning foreign language

Noi

10) Y N Is hypersensitive to noise
11) Y N Is distracted by noise
12) Y N Has difficulty understanding speech in noise
13) Y N Is noisy/makes more noise than peers

Mem

14) Y N Responds too quickly, at times
15) Y N Interrupts others frequently
16) Y N Has difficulties with reading comprehension
17) Y N Speaks quickly
18) Y N Forgets things told
19) Y N Has difficulty remembering spoken instructions

Var

20) Y N Has difficulty paying attention
21) Y N Has difficulty using language
22) Y N Has ADHD/ADD
23) Y N Has anxiety (e.g. new situations)

INT

24) Y N Has very poor handwriting
25) Y N NA Has difficulty with sound/symbol relationships
26) Y N NA Has severe reading/spelling difficulties
27) Y N Has severe visual perception difficulties
28) Y N Sometimes has very long delays in responding
29) Y N Has been diagnosed with dyslexia

ORG

30) Y N Has difficulty keeping things organized
31) Y N Has difficulty saying/writing things in proper sequence/order
32) Y N Is messy/tends to lose things

APD

33) Y N Has had ear infections/fluid, e.g., as a child
34) Y N Has difficulties processing/understanding what is said
35) Y N NA Has a learning disability
36) Y N Has difficulty following verbal instructions
37) Y N Has an intellectual disability
38) Y N Has had a head injury
39) Y N Has Autism or a related problem

Gen

40) Y N Is hypersensitive to touch
41) Y N Has difficulty maintaining eye contact with a speaker
42) Y N Has difficulty with long-term memory
43) Y N Has a psychological problem
44) Y N Has a behavior problem
45) Y N Has difficulty coordinating body movements
46) Y N Has allergies
47) Y N NA Has difficulty with math
48) Y N Has a hearing problem/hearing loss

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)