**Submission Template**

**Auditory Processing**

# **Descriptive Title of Case. Replace this heading with your title.**

# **Authors**

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ACKNOWLEDGEMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines ([www.AudCases.com](http://www.AudCases.com)) Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

Introductory

Intermediate

Advanced

# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

By completing this case, the student will be able to:

1. Identify the type of auditory processing disorder
2. Describe the functional weaknesses associated with this individual’s diagnosis.
3. Develop an intervention plan for the patient to include recommendations for management and remediation.

# **Case History**

Initials, a \_\_ year old (gender if appropriate), . . .

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

*Omit tests/sections that are not salient to the case*

# **Otoscopy**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Audiometric Data**

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> If alternative symbols such as S are required, use the “annotate” feature. The submission guidelines document details when other formats can/should be used.

* What question do you want to insert here? Delete if no question is to be used.
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Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  | |
| Spondee Technique | MLV | WRS Technique | Recorded | |
|  |  | List and Number | NU-6 Right: 1A Left: 2B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice NU-6 = Northwestern University List 6

CID W-22 = Central Institute of the Deaf, Word List 22.

PB-K = Phonetically Balanced – Kindergarten 10 MD = 10 Most Difficult

* What question do you want to insert here? Delete if no question is to be used.
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# **Tympanometry**

226 Hz / Y tympanograms should be included in this section

* What question do you want to insert here? Delete if no question is to be used.
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# **Acoustic Reflex Studies**

## **Thresholds**

Please put acoustic reflex results in the table below. Thresholds are assumed to be in dB HL. If in dB SPL then change the upper left-hand table notation AND note in text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(dB HL)**  **Probe Ear** | **Hz à**  **Stimulated Ear (Mode)** | **500** | **1000** | **2000** | **4000** | **BBN** |
| Right | Right  (Ipsi) | 85 | 105 | 110 | Absent | 95 |
| Right | Left  (Contra) | 80 | 100 | Absent | Absent | 90 |
| Left | Left  (Ipsi) | 90 | 105 | 110 | Absent | 100 |
| Left | Right  (Contra) | 95 | 110 | Absent | Absent | 95 |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Acoustic Reflex Decay**

Insert high-quality reproductions of the test results.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Neurodiagnostic ABR**

The following template can be used if appropriate to the case.

Click Intensity: 80 dB nHL, 21.7 clicks/second stimulus repetition rate

**I.** **Wave Peak Latencies Interpeak Latencies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I** | **III** | **V** | **I-III** | **III-V** | **I-V** |
| **Right Ear** |  |  |  |  |  |  |
| Left Ear |  |  |  |  |  |  |
| Mean \* | 1.54 | 3.70 | 5.60 | 2.20 | 1.84 | 4.04 |
| Range of Normal (ms) (+/- 2 SD)\* | 1.34-  1.74 | 3.40-  4.00 | 5.22-  5.98 | 1.88-  2.52 | 1.50-  2.18 | 3.68-  4.40 |
| Outer Limits for Cochlear\*\* |  |  |  | 2.55 | 2.35 | 4.60 |

1. **Interaural Latency Differences**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I** | **III** | **V** | **I-III** | **III-V** | **I-V** |
| **Difference** |  |  |  |  |  |  |
| Range of Normal (ms) (+/- 2 SD)\* | .21 | .26 | .29 | .25 | .25 | .28 |
| Outer Limits for Cochlear\*\* | .65 | .59 | .52 | .41 | .37 | .46 |

**III. Latency Increase with Stimulus Repetition Rate Increase**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Wave V Latency  (at 71.1 cl/sec) | Latency Increase  (with rate increase) | Significance |
| Right Ear |  |  |  |
| Left Ear |  |  |  |

**IV.**  **Amplitude Ratio of Waves I/V**

Right Ear: \_\_\_ Normal \_\_\_ Wave I larger than Wave V \_\_\_ Wave I more than 2x Wave V

Left Ear: \_\_\_ Normal \_\_\_ Wave I larger than Wave V \_\_\_ Wave I more than 2x Wave V

**V.**  **Morphology and Replicability**

**VI. Quality of Traces - Assessment of Control Run, Artifact Rejection**

­­

**VII. Additional Comments**

**\*** Schwartz et al., 1989

\*\* Hall & Mueller, 1997

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **cABR**

Presentation of results is at the submitter’s discretion.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

# **FFR**

Presentation of results is at the submitter’s discretion.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

*The submitter may choose to present the test form and allow the student to score it or may summarize the results. If summarizing, please use the default tables.*

*Omit tests that are salient to the case*

Auditory Processing Evaluations

# **Questionnaires**

## **S.I.F.T.E.R.**

## **Fisher’s**

## **CHAPS**

## **Auditory Processing Domain Questionnaire**

## **Buffalo Model Questionnaire – Revised**

## **Scale of Auditory Behaviors: MAPA-2**

# **Dichotic Listening Tests**

## **SSW**

If using the Buffalo model, note significant qualifiers below. (Omit if using the Bellis-Ferre model.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RNC | RC | LC | LNC |
| Total Errors |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Order Effect |  |  |  |
| 1 | 2 | 3 | 4 |
| (A+E) | (B+F) | (C+D) | (E+F) |
| Total 1st Spondee | ## | Total 2nd Spondee | ## |
| Significant Non-Significant |  |  |  |

Strike through either Significant or Non-Significant.

|  |
| --- |
| Ear Effect |
| |  |  |  | | --- | --- | --- | | Total | REF | LEF | |
| Significant Non-Significant |

|  |  |
| --- | --- |
| Type A Pattern? | Yes No |

|  |
| --- |
| Reversals |
| Total = |

|  |  |
| --- | --- |
| Qualifiers | |
| List significant Qualifiers Using Full Name |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Dichotic Digits**

Use one or both of the provided tables

|  |  |  |
| --- | --- | --- |
| DD | Single Digits Test Raw Score | Double Digits Test Raw Score |
| Right Ear |  |  |
| Left Ear |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 DD | Triple Digits Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |
|  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Competing Sentences Tests**

Use one or both of the provided tables.

|  |  |
| --- | --- |
| CS | Binaural Separation Raw Score |
| Right Ear only |  |
| Left Ear only |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CS MAPA-2 Binaural Integration | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

SCAN-3 NOTES: If the complete SCAN-3 test is administered, you may wish to present results together in the “other tests” section, possibly instead of including it here. Please change the SCAN-3 to either SCAN-3:C or SCAN-3:A (adult/child version) in the upper left box.

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 Competing Sentences | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 Competing Words | Raw Score | Scaled Score | Percentile Rank |
| Directed Ear |  |  |  |
| Free Recall |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
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## **Dichotic Rhyme Test**

|  |  |
| --- | --- |
| DRT | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Dichotic Sentence Identification Test**

|  |  |
| --- | --- |
| DST | Binaural Separation Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Other Dichotic Listening Test**

Put test name in the heading above. Create a box as similar as possible to other examples to display results.

# **Temporal Processing Tests**

## **PPS – Labeling**

Use one or both of the provided tables

|  |  |  |
| --- | --- | --- |
| Pitch Patterns Sequencing - Labeling | “Slow” Version Raw Score | “Fast” Version Raw Score |
| Right Ear |  |  |
| Left Ear |  |  |
| Soundfield presentation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 Tap Test | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.

If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **PPS-Mimicking**

Use one or both of the provided tables.

|  |  |  |
| --- | --- | --- |
| Pitch Patterns Sequencing -  Humming | “Slow” Version Raw Score | “Fast” Version Raw Score |
| Right Ear |  |  |
| Left Ear |  |  |
| Soundfield presentation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 Pitch Pattern Labeling | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Gaps in Noise**

|  |  |  |
| --- | --- | --- |
| GIN | Detection Threshold | Detection Accuracy |
| Right Ear |  |  |
| Left Ear |  |  |
| Soundfield presentation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 Gap Detection Test | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

SCAN NOTE: Change SCAN-3 to either SCAN-3:C or SCAN-3:A and put pass or fail under the result column.

|  |  |
| --- | --- |
| SCAN-3 Gap Detection | Results |
|  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Duration Pattern Test**

Use one or both of the provided tables.

|  |  |  |
| --- | --- | --- |
| DPT | Raw Score - labelled | Raw score - mimicked |
| Right Ear |  |  |
| Left Ear |  |  |
| Soundfield presentation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 Duration Pattern Test | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Auditory Fusion Test - Revised**

|  |  |
| --- | --- |
| Test Name Here | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Other Temporal Processing Test**

Put test name in the heading above. Create a box as similar as possible to other examples to display results.

# **Monaural Low Redundancy Tests**

## **Time-Compressed Speech**

% Time Compression = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| TCS | Raw Score |
| Right Ear |  |
| Left Ear |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 TCS | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be us

## **Time-Compressed Speech w/Reverberation**

% Time Compression = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| TCS-R | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be us

## **Monaural-Selective Auditory Attention Test of MAP-2**

|  |  |  |  |
| --- | --- | --- | --- |
| MAPA-2 Monaural Select Attention Test | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

## **Speech-in-Noise for Children of MAPA-2**

|  |  |  |  |
| --- | --- | --- | --- |
| SINCA | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

## **Filtered Speech Test**

Word List Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| FST | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 Filtered Words | Raw Score | Scaled Score | Percentile Rank |
| Right Ear |  |  |  |
| Left Ear |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 AFG 0 | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 AFG +8 | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SCAN-3 AFG +16 | Raw Score | Scaled Score | Percentile Rank |
| Total Score |  |  |  |

## **CID W-22 Quiet vs Noise**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Word Rec | % Correct | Level (dB HL) | SNR | % Correct | Level (dB HL) | SNR |
| Right Ear |  |  |  |  |  |  |
| Left Ear |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Other Monaural Low-Redundancy Test**

Put test name in the table on the upper left. If only one other test is used, then rename the heading with the test name. If using two or more tests, then retain the “Other” heading and describe the tests in text.

|  |  |
| --- | --- |
| Test Name | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

# **Binaural Interaction Tests**

## **Spondee Binaural Fusion**

|  |  |
| --- | --- |
| Test Name | Raw Score |
| Dichotic I (RE = high band/LE = low band |  |
| Dichotic II (RE = low band, LE = high band) |  |
| Diotic (both bands to each ear) |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Masking Level Difference**

Signal Level \_\_\_\_\_\_\_\_\_\_ Signal Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| MLD | SoNo Threshold | S**π No Threshold** | **SoNπ Threshold** |
| Right Ear |  |  |  |
| Left Ear |  |  |  |

## **Masking Level Difference for Speech**

Signal Level \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| MLD | SoNo Threshold | S**π No Threshold** | **SoNπ Threshold** |
| Right Ear |  |  |  |
| Left Ear |  |  |  |

* What questions do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

## **Other Binaural Interaction Test**

Put test name in the table on the upper left. If only one other test is used, then rename the heading with the test name. If using two or more tests, then retain the “Other” heading and describe the tests in text.

|  |  |
| --- | --- |
| Test Name | Raw Score |
| Right Ear |  |
| Left Ear |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used

# **Other Tests**

## **Soundfield Speech-in-Noise Testing: Words**

List used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SF SIN: Words | % correct Quiet | O S:N | -5 S:N | -10 S:N | -15 S:N | -20 S:N |
| Auditory only |  |  |  |  |  |  |
| Auditory-visual |  |  |  |  |  |  |

## **Soundfield Speech-in-Noise Testing: Sentences**

List used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SF SIN: Sentences | % correct Quiet | O S:N | -5 S:N | -10 S:N | -15 S:N | -20 S:N |
| Auditory only |  |  |  |  |  |  |
| Auditory-visual |  |  |  |  |  |  |

## **SCAN-3:C Tests of Auditory Processing Disorders for Children**

Age: \_\_\_\_\_\_\_\_\_\_

**Diagnostic Score Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Raw Score | Scaled Score (SS) | SS Points +/- | CI\_\_% Level | %ile Rank |
| AFG +8 |  |  |  |  |  |
| FW |  |  |  |  |  |
| CW-DE Total |  |  |  |  |  |
| CW |  |  |  |  |  |
| Sum of SS |  |  |  |  |  |
| AP Composite |  |  |  |  |  |

**Scaled Score Chart**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SS  19  18  17  16  15  14  13  12  11  10  9  8  7 | AFG-0 | FW | CW-DE | CS | CW-FR | AFG+8 | AFG+12 | TCS | Normal |
| 6  5  4 |  |  |  |  |  |  |  |  | Borderline |
| 3  2  1 |  |  |  |  |  |  |  |  | Disordered |

*Replace the bullets with bolded X marks above*

**Supplementary Score Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Raw Score | Scaled Score (SS) | SS Points +/- | CI\_\_% Level | %ile Rank |
| CW-FR |  |  |  |  |  |
| AFG 0 |  |  |  |  |  |
| AFG+12 |  |  |  |  |  |
| TCS |  |  |  |  |  |

**Ear Advantage Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Test | Ear Advantage (+ or – value)  RE LE  Score - Score = EA | Typical | Cumulative Prevalence |
| AFG-0 |  | Y N | If No, % |
| CW-FR |  | Y N | If No, % |
| FW |  | Y N | If No, % |
| CW-DE Directed RE |  | Y N | If No, % |
| CW-DE Directed LE |  | Y N | If No, % |
| CS |  | Y N | If No, % |
| AFG+8 |  | Y N | If No, % |
| AFG+12 |  | Y N | If No, % |
| TCS |  | Y N | If No, % |

**Note:** A positive value = right ear advantage; a negative value = left ear advantage

*Above, delete Y or N in the Typical column so that one letter remains*

## **SCAN-3:A Tests for Auditory Processing Disorders for Adolescents and Adults**

Age: \_\_\_\_\_\_\_\_\_\_

**Diagnostic Score Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Raw Score | Scaled Score (SS) | SS Points +/- | CI\_\_% Level | %ile Rank |
| AFG 0 |  |  |  |  |  |
| FW |  |  |  |  |  |
| CW-DE Total |  |  |  |  |  |
| CW |  |  |  |  |  |
| Sum of SS |  |  |  |  |  |
| AP Composite |  |  |  |  |  |

**Scaled Score Chart**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SS  19  18  17  16  15  14  13  12  11  10  9  8  7 | AFG-0 | FW | CW-DE | CS | CW-FR | AFG+8 | AFG+12 | TCS | Normal |
| 6  5  4 |  |  |  |  |  |  |  |  | Borderline |
| 3  2  1 |  |  |  |  |  |  |  |  | Disordered |

*Replace the bullets with bolded X marks above*

**Supplementary Score Summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Test | Raw Score | Scaled Score (SS) | SS Points +/- | CI\_\_% Level | %ile Rank |
| CW-FR |  |  |  |  |  |
| AFG+8 |  |  |  |  |  |
| AFG+12 |  |  |  |  |  |
| TCS |  |  |  |  |  |

**Gap Detection Screening Result:** Pass / Fail

**Ear Advantage Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Test | Ear Advantage (+ or – value)  RE LE  Score - Score = EA | Typical | Cumulative Prevalence |
| AFG-0 |  | Y N | If No, % |
| CW-FR |  | Y N | If No, % |
| FW |  | Y N | If No, % |
| CW-DE Directed RE |  | Y N | If No, % |
| CW-DE Directed LE |  | Y N | If No, % |
| CS |  | Y N | If No, % |
| AFG+8 |  | Y N | If No, % |
| AFG+12 |  | Y N | If No, % |
| TCS |  | Y N | If No, % |

**Note:** A positive value = right ear advantage; a negative value = left ear advantage

*Above, delete Y or N in the Typical column so that one letter remains*

**Behavioral Observations**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Phonemic Synthesis Test**

Quantitative Score: #correct / 25

Qualitative Score:

* What question do you want to insert here? Delete if no question is to be used.
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# **Summary and Discussion**

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

## **MAPA-2 Summary**

If using the MAPA-2 Summary Form, consider using this placement.

Chronological Age: Years, Months, Days

Remove the 90% or 95% CI notations as appropriate to your results. Remove this instruction.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment | Domain 90% 95%  Scaled Standard Confidence Percentile  Score Score Score Interval Rank | | | | |
| **Scale of Auditory Behaviors** |  |  |  |  |  |
| Parent Score |  |  |  |  |
| Professional Score |  |  |  |  |
|  |  |  |  |  |
| **Monaural Domain** |  |  |  |  |
| Subtest 1: MSAAT |  |  |  |  |
| Subtest 2: SINCA |  |  |  |  |
| Sum of Scaled Scores | |  |  |  |
|  |  |  |  |  |
| **Temporal Domain** |  |  |  |  |
| Subtest 3: Tap Test |  |  |  |  |
| Subtest 4: Pitch Pattern Test |  |  |  |  |
| Sum of Scaled Scores | |  |  |  |  |
| **Temporal Supplemental** |  |  |  |  |  |
| Subtest 7: Duration Pattern Test |  |  |  |  |
| Subtest 8: Gap Detection Test |  |  |  |  |
|  |  |  |  |  |
| **Binaural Domain** |  |  |  |  |
| Subtest 5: Dichotic Digits |  |  |  |  |
| Subtest 6: Competing Sentences |  |  |  |  |
| Sum of Scaled Scores | |  |  |  |  |
|  |  |  | Overall  Std Score |  |  |
| **OVERALL SCORE CONVERSION** |  |  |  |  |
| **Monaural Domain** |  |  |  |  |
| **Temporal Domain** |  | + |  |  |
| **Binaural Domain** |  | + | 90% 95% Confidence Interval | Percentile Rank |
| Overall Sum of Scaled Scores | | = |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SINCA Estimated Signal-to-Noise Ratio |  | Dichotic Advantage Score |  | Gap Detection Estimated Gap Threshold |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Raw Score | Ratio |  | Raw Score | Scaled Score | Percentile |  | Raw Score | Threshold |
| Right |  | dB |  |  |  |  |  |  | ms |
| Left |  | dB |

What question do you want to insert here? Delete if no question is to be used.

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# **Recommendations**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.