

device”—a microphone that amplifies the teacher’s voice and improves the signal-to-noise ratio. Direct therapy may be recommended as well. Direct therapy may be implemented by the child’s school, by Minnesota State University Moorhead’s Speech-Language-Hearing Clinic, or by another qualified source.

Who can be tested?

Behavioral auditory processing evaluation requires:

- Normal or near-normal peripheral hearing.
- Sufficient receptive and expressive language skills to understand and respond to the tasks.
- Sufficient cognitive function.

Six years of age is usually considered the lower age limit for APD testing. Adults are also candidates for APD evaluation.

Payment Options may be discussed with billing staff: (218) 236-2330.

Auditory Processing Disorders Clinic

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Auditory Processing Disorders Clinic





What is APD?

Children, adolescents, and adults with an auditory processing disorder (APD) have trouble understanding speech despite normal hearing. In simplest terms, the ear is fine, but the brain is having trouble interpreting information the ear receives. People with APD may fare well under the most optimal listening conditions, but they have difficulties when there is any distortion of the speech signal (reverberation in the room, background noise, rapid speech, competing speech, etc.). People with APD may also have trouble localizing the source of a sound, discriminating one sound from another (especially speech sounds), or remembering information that has been presented in the auditory mode.

How the clinic works.

The assessment really begins with the first phone call from a parent or professional. A good case history, academic records, and a description of the individual's behavior in school and at home are essential ingredients to the assessment, and will impact the recommendations made. Individuals who come to the clinic for assessment are seen by the audiologist for comprehensive hearing and auditory processing assessment. Children and adolescents will also receive a comprehen-

sive speech/language evaluation. In addition, we will evaluate skills related to auditory perception and processing such as phonemic awareness, sound blending, word segmentation, verbal memory, and auditory discrimination. Competence in these areas is essential for language-dependent skills such as reading, writing, and spelling as well as for general academic success.



What are some symptoms of an auditory processing disorder?

APD is NOT diagnosed on the basis of behavioral symptoms alone, but the behaviors can help us decide if evaluation is warranted. The symptoms vary from person to person, but some possible symptoms one is likely to see in the general population of children with APD may:

- respond inconsistently to auditory stimuli. Seems to follow auditory instructions inconsistently.
- have trouble listening in the presence of noise.
- have trouble with auditory localization—determining where a sound is coming from.
- be sensitive to loud noises or certain frequencies.
- have generally poor listening skills and decreased attention for auditory information.
- be distractible and restless in listening situations.
- have difficulty understanding rapid speech or speech in the presence of noise.
- frequently ask that information be repeated. Says “huh?” or “what?” a lot.
- have significant difficulties with reading, writing, and spelling.

- have trouble breaking down a word into its component sounds.
- have trouble relating speech sounds to their symbols (letters).
- have difficulty with abstract concepts.
- perform better in small groups and one-to-one.
- give inappropriate responses to questions.
- have difficulty remembering dates, names, times, and other details.
- suffer from frustration or poor self-esteem.
- have delays in speech and language development



What kinds of recommendations are possible?

For some children, simple modifications in their environment may be sufficient to help them listen and process better in the classroom. Placing a child with an auditory processing disorders near the front of the classroom—but behind a model student—may be one way to compensate for auditory processing disorder. Making sure the classroom door is closed to reduce noise from the hallway is another simple modification. Some children, especially those that have trouble understanding speech in the presence of noise, may benefit from an “assistive listening