



QUEST ACADEMICS

Berard AIT Self-Test

SEND BACK TO LORI@QUESTACADEMICSNC.COM

Client Name _____ Age ____ Grade ____ Date _____

Address _____

Email: _____ Phone _____

Job/School: _____ School Type: Public / Private / Home School _____

Form completed by _____

SOUND SENSITIVITY	Yes	No	Unsure
High-pitched sounds are bothersome			
Loud sounds such as babies crying, the blender, noisy places cause discomfort			
Quieter sounds like yawning, chewing, slurping, or sniffing are annoying			
LISTENING	Yes	No	Unsure
It is difficult to understand people when they talk			
Ask people to repeat themselves			
It is challenging to follow and participate in restaurants			
Volume is increased when watching a movie			
Harder to hear with background noise			
History of ear Infections			
LANGUAGE	Yes	No	Unsure
Struggle to express self in words			
Struggle to follow conversations			
Misunderstand people			
Misunderstand directions			
Challenging to remember what is read			
Language development on time			
READING —struggle with fluency and accuracy			
SPELLING —very challenging			
SENSORY PROCESSING	Yes	No	Unsure
Sensitivities to touch, light, clothing/textures, foods, food textures, smells (ANY OF THESE)			
Minimal or no eye contact			
Struggle with change/inflexible thinking			
ATTENTION	Yes	No	Unsure
Impulsive			
Unable to plan			
Struggle with attention/focus			
SEQUENCING	Yes	No	Unsure
Struggle with math skills			
Poor sense of time			
Struggle to keep things in order			