

Child's name _____ DOB _____

Name of parent/carer _____ Date _____

Talk with the parent/carer about how much they see their child doing these things in everyday life. Give age appropriate examples and encourage the parent to give examples. The questions relate to the child's home language. Work with an interpreter as appropriate. Circle the answers as you go ('Not yet', 'A little', 'Sometimes', 'A lot', 'Always'). Use the tally box to work out the score. Use the Score sheet to interpret the results and explain to the family what this means.

Circle the number that best describes what the child can do

Questions		Listening behaviour: How often does your child do this?					
		Not yet	A little	Sometimes	A lot	Always	Score
1	When it's quiet , and you call your child and they can't see you, do they hear you? <i>Eg. Bub turns towards your voice; child answers from another room.</i>	0	1	2	3	4	
2	And when it's noisy ?	0	1	2	3	4	
3	When it's quiet , if you ask your child to do something easy , can they do it? <i>Eg. 'Sit down'; 'Come here'; 'Give me the cup'; 'Put it in the bin'.</i>	0	1	2	3	4	
4	And when it's noisy ?	0	1	2	3	4	
5	When it's quiet , does your child join in a conversation with you, or with someone they know? <i>Eg. Answering or asking questions. For younger children, making sounds.</i>	0	1	2	3	4	
6	And when it's noisy ?	0	1	2	3	4	
7	When it's quiet , and you're talking, singing or telling a story , does your child join in & follow ? <i>Eg. Settles and listens, sings along, copies, asks questions about a story.</i>	0	1	2	3	4	
8	When it's noisy , does your child understand you when they can't see you? <i>Eg. In the stroller/pram facing away; in the car- child in back and parent/carer in front.</i>	0	1	2	3	4	
9	Without seeing them, does your child know people by their voices ? <i>Eg. Bub hears dad and looks for him; knows who's on the phone.</i>	0	1	2	3	4	
10	Does your child notice other sounds around them? <i>Eg. Knock on the door, dogs in the distance, birds, cars, rain and thunder, sirens.</i>	0	1	2	3	4	
Total Score							

Comments: _____

Child's name: _____ Date completed: _____

Date of birth: _____ Person administering: _____

Administer and score the PLUM and HATS according to the directions in the step by step guide.

PLUM

PLUM total score: _____

Mark the child's total PLUM score in the chart below, using the row that corresponds to their age in months.

Score	0 to 12	13 to 14	15 to 16	17 to 18	19 to 20	21 to 22	23 to 24	25 to 26	27 to 28	29 to 30	31 to 32	33 to 34	35 to 36	37 to 38	39 to 40
Age months															
6 to 11m	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●
12 to 18m	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●
19 to 24m	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●
25 to 30m	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●
>30m	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●

PLUM INTERPRETATION

Score in the white area: Listening skills are not yet on track. Refer to an Audiologist.

Score in the shaded area: Listening skills are in the borderline range. Reassess in 3 months.

Score in the black area: Listening skills are **on track**. Reassess in one year. Earlier if there are concerns.

Provide home strategies to help develop listening and communication skills.

If the parent/carer is worried about their child's listening and understanding skills, refer to an Audiologist.

If they have a high level of concern that their child may need hearing aids, refer to Hearing Australia.

HATS

Total score: _____

Mark the child's total HATS score in the chart below.

0	5	10	15	20	25	30	35	40	45	50
○	○	○	○	○	○	○	○	○	○	○

HATS INTERPRETATION

Score in the white area: Communication skills are not yet on track. Refer to a Speech Pathologist.

Score in the shaded area: Communication skills are in the borderline range. Reassess in 3 months.

Score in the black area: Communication skills are **on track**. Reassess in 1 year. Earlier if there are concerns.

Provide home strategies to help develop communications skills.

If the parent/carer is worried about their child's language and communication skills, refer to a Speech Pathologist.

Follow-up actions required:

- | | | |
|---|---|--|
| <input type="checkbox"/> No further action at this time | <input type="checkbox"/> Reassess in _____ months | <input type="checkbox"/> Refer to Speech Pathology |
| <input type="checkbox"/> Refer to Audiology | <input type="checkbox"/> Refer to Hearing Australia | <input type="checkbox"/> Other |