

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

1. Talk with the parent/carer about how much they see their child doing these things in everyday life.
2. Give age appropriate examples and encourage the parent to give examples.
3. The questions relate to the child's home language. Work with an interpreter as appropriate.
4. Select the answers as you go ('Not yet', 'A little', 'Sometimes', 'A lot', 'Always').
5. Check that you have clicked on an answer for each of the 10 questions to get the total score.
6. Scroll down to the scoresheet to interpret the results'



1. When it's quiet and you call your child, and they can't see you, do they hear you?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

2. And when it's noisy?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

e.g. *bub turns to your voice; child answers from another room.*

3. When it's quiet, if you ask your child to do something easy, can they do it?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

4. And when it's noisy?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

e.g. *'sit down', 'come here', 'give me the cup', 'put it in the bin'.*



5. When it's quiet, does your child join in conversation with you, or with someone they know?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

6. And when it's noisy?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

e.g. *making happy or babbling noises; answering or asking questions.*





7. When it's quiet, and you're talking, singing or telling a story, does your child join in and follow?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

*e.g. settles and listens, sings along, copies, ask questions about a story.*

8. When it's noisy, does your child understand you when they can't see you?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

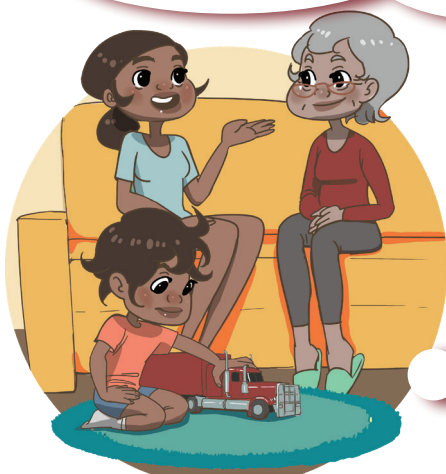
*e.g. in the stroller/pram facing away; in the car – child in the back and parent/carer in front.*



9. Without seeing them, does your child know people by their voices?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

*e.g. bub hears Dad and looks for him; knows who's on the phone; knows who's talking in another room.*



10. Does your child notice other sounds around them?

☐ NOT YET ☐ A LITTLE ☐ SOMETIMES ☐ A LOT ☐ ALWAYS

*e.g. knock at the door, dogs in the distance, birds, cars, TV sounds, phone, rain and thunder, sirens.*



QUESTION	SCORE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
TOTAL	



## PLUM Scoring and Interpretation

All Ages

Child's name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Person administering: \_\_\_\_\_

Administer and score the PLUM 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 Age months	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
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.

### 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                     |