

Auditory Processing Disorder (APD) Assessment in Melbourne

For children, adolescents and adults

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Understanding Auditory Processing Disorder

Most people who come to us for an auditory processing assessment have already been told their hearing is fine. And often it is. What brings them here is the part a standard hearing test does not explain: the child who hears you but does not seem to catch what you said, who asks “what?” across a busy room, who follows beautifully one to one and loses the thread the moment the classroom fills with noise. Adults describe their own version, hearing every word in a meeting and still working hard to hold onto the meaning by the end of it.

Auditory processing is what the brain does with sound once the ears have done their part. When that work takes more effort than it should, listening becomes tiring long before anyone would call it a hearing loss. An auditory processing assessment looks into that gap, between healthy ears and effortful listening, and works out what sits behind it. At our Melbourne clinic, we assess auditory processing in children, adolescents and adults. The approach is the same whoever the patient is, and so are the fees.

Start with a free 20-minute chat with Ingrid Lau • (03) 9886 7157 • No cost, no obligation

The Auditory System Works as a Pathway

Hearing happens in steps. Sound travels from the outer ear, through the cochlea, along the hearing nerve, up the brainstem, and into the listening centres of the brain. A difficulty can arise at any point on that route, and where it arises changes what a person experiences and what will help them. Several distinct conditions sit along this one pathway, and they are easily mistaken for one another:

- Hidden hearing loss, where the connections between the inner ear and the hearing nerve are reduced even though a standard hearing test looks normal (Kujawa & Liberman, 2009)
- Hyperacusis and sound sensitivity, linked to raised gain within the central auditory system, so ordinary sounds are experienced as louder or more intense (Auerbach, Rodrigues & Salvi, 2014)
- Auditory processing disorder, where peripheral hearing is intact and the difficulty lies in how the central auditory nervous system handles sound (ASHA, 2005; American Academy of

Audiology, 2010)

More than one of these can be present at the same time. Our task is to find where along the pathway your listening difficulty begins, because that is the answer that makes sense of everything else. We would rather take the time to locate the difficulty precisely than hand you a label that does not quite fit. That is the thinking behind our protocol, and it is why we keep to it for every patient.

APD and Sound Sensitivity Often Occur Together

Many of the children referred to us for APD testing are also the ones covering their ears at assembly, finding the hand dryer or the busy classroom too much, or coming home wrung out after a day of noise. Sound sensitivity and processing difficulty travel together more often than people expect, and awareness of hyperacusis and misophonia is still catching up. Assessing sound tolerance is a core part of every assessment we do, through a full structured clinical interview, validated questionnaires, and UCL (uncomfortable loudness level) testing. This tells us whether hyperacusis or misophonia is present, and where the greater impact sits, so the full picture is on the table before we talk about management.

Our Assessment Covers the Whole Auditory Pathway

Stage	What we do	What it tells us
Peripheral auditory assessment	Full audiology assessment, OAEs and QuickSIN	Confirms healthy hearing, shows how the inner ear is responding, and measures how well speech is followed in background noise
ABR (auditory brainstem response)	Recorded once healthy hearing is confirmed	Shows how well the hearing nerve carries sound from the cochlea to the brainstem, and identifies auditory neuropathy
Sound tolerance testing	Structured interview, questionnaires and UCLs	Whether hyperacusis or misophonia is present, and how much it is contributing
Auditory processing testing	A battery matched to the age of the person	A detailed profile of listening skills

Someone can pass a standard hearing test and still have a difference in how the signal travels, so ABR gives us information a hearing test alone cannot.

Age-Appropriate Testing

Age	Assessment
5 years and over	Full auditory processing testing
3 to 5 years	Age-appropriate screening
Adolescents and adults	The same full protocol

Matching the battery to age means the results reflect true listening ability, rather than the demands of a task someone is too young for.

What the Results Can Show

Auditory processing testing gives a detailed profile of how a person listens. Sometimes it confirms a diagnosis of APD. At other times it maps out specific areas of difficulty that do not meet the full diagnostic threshold, and that information is every bit as useful. A person may score within the typical range across most of the battery, yet show reduced performance in one area such as understanding speech in noise, or following rapid changes in sound (temporal processing). A formal APD diagnosis is generally based on results falling well below the average on at least two different tests (American Academy of Audiology, 2010). A single area of difficulty may sit below that threshold while still explaining a great deal about the listening effort a person is carrying. Whatever the results show, everything is explained in the report.

What Support Looks Like

A diagnosis is only worth having if it leads somewhere. Once we understand how your child listens, we put together a plan built around what they need, and no two plans are the same. Depending on what the assessment shows, support may include:

- Auditory training sessions with us, working on the specific listening skills the assessment picks up
- Low-gain hearing aids, which give gentle support for hearing clearly in noisy settings
- Home-based listening exercises you and your child can do together between sessions
- Strategies for the classroom, school and other learning settings
- Strategies for noisy places, so busy environments feel easier to handle
- Counselling and support for your child, including help with any social anxiety that has grown out of sensory overload or listening difficulty

We stay with you as this unfolds, and adjust the plan as your child grows and makes progress.

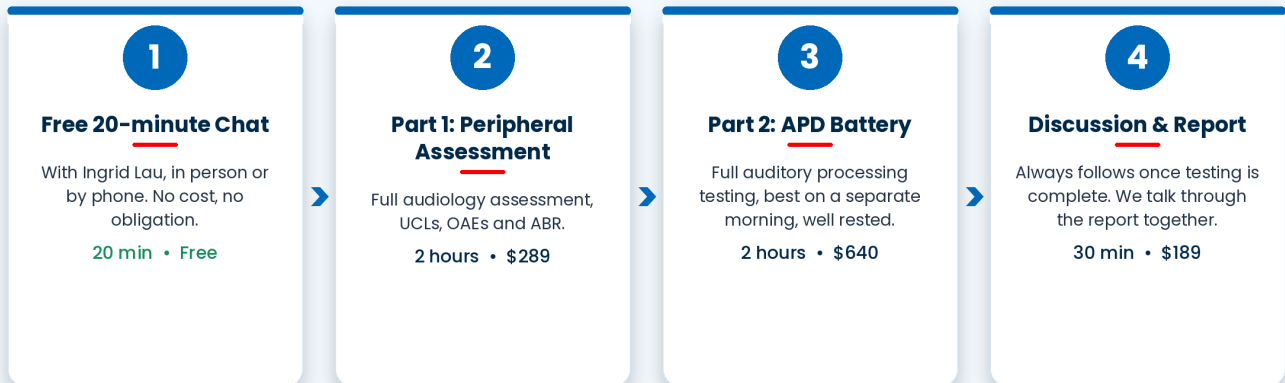
Our APD Assessment Process, Step by Step

We deliver this across separate appointments, so each person is at their best for the parts that ask the most of them.



Our APD Assessment, Step by Step

Auditory processing assessment at All Ears Hearing • Children, adolescents and adults



Part 3 (1 hour, no additional payment) completes the testing where a difficulty is picked up • Same fees for children, adolescents and adults

Mount Waverley, Melbourne • (03) 9886 7157 • GP referral welcomed, not required

Appointment	Duration	What happens	Timing
Part 1: Peripheral auditory assessment	2 hours	Full audiology assessment, UCLs, OAEs and ABR	Any time of day
Part 2: Auditory processing testing	2 hours	The full APD battery	Best on a separate day, morning preferred, well rested and well fed
Part 3: Assessment completion	1 hour	Completes the testing where a difficulty has been picked up; if everything is clear after Part 2, it is not needed	Booked when needed, at no additional payment
Discussion appointment	30 minutes	Talk through the report and agree next steps	Always follows once all testing is complete, about 1 to 2 weeks later; the child need not attend

Auditory processing testing asks the person to listen closely to challenging sounds, so they do their best when they arrive fresh and settled. Bring some snacks and water; breaks are available whenever they are needed, and the clinician watches attention and concentration closely throughout.

Who carries out each part

Part	Clinician
Testing (Parts 1, 2 and 3)	Ingrid Lau, Audiologist
Analysis, interpretation and functional report	Mini Gupta
Discussion appointment	Mini Gupta

Your Functional Report

Every assessment results in a detailed functional report of three to four pages, prepared for your child, or for you if you are the patient. It brings the whole picture together and explains what each result means in plain terms. You come away with clear recommendations you can act on. Where the results point to it, we may recommend imaging so the structures of the auditory system can be looked at more closely; if this applies, we write to your GP with that recommendation and the reasons behind it. De-identified sample reports, watermarked SAMPLE, are available to download on our website, so you can see the depth and layout before you book.

Fees

Not ready to commit? You can start with a free 20-minute chat, no cost and no obligation. The same fees apply for children, adolescents and adults:

Appointment	Length	Fee
Free 20-minute chat with Ingrid Lau	20 minutes	Free
Part 1: Peripheral auditory assessment	2 hours	\$289
Part 2: Full APD battery	2 hours	\$640
Part 3: Assessment completion (when needed)	1 hour	No additional payment
Discussion appointment with report	30 minutes	\$189

If your child is under NDIS, we can provide an itemised audiology invoice, which you may be able to use towards your NDIS funding; we do not deal with NDIS directly. The full amount is payable on the day of each appointment. A GP referral is recommended and welcomed, though it is not required to book.

APD, ADHD and Autism

Auditory processing difficulties often sit alongside ADHD and autism. Inattentive ADHD and APD can look very alike, because both can show up as a child who misses instructions or seems to drift when listening. They are two distinct conditions, and they can also be present together; the research supports looking at each in its own right while recognising how much their profiles overlap (Chermak, Hall & Musiek, 1999; Chermak, Bamiau, Iliadou & Musiek, 2017). For a child already diagnosed with inattentive ADHD, an assessment can show whether listening effort is playing a part too, and it sits comfortably alongside the care they are already receiving. We are always glad to work alongside your paediatrician, psychologist and GP. What sometimes reads as inattention can be a sign of high listening effort and auditory fatigue.

Frequently asked questions

What is auditory processing disorder?

APD is a difficulty in how the brain handles sound once the ears have done their part. Peripheral hearing is intact, but making sense of what is heard takes more effort than it should, especially in noise.

My child's hearing test was normal but they still struggle to listen. Why?

A standard hearing test checks whether the ears detect sound, not what the brain does with it next. Someone can pass a hearing test and still have a difference in how the signal travels or is processed, which is exactly the gap our assessment looks into.

What ages do you assess?

Full auditory processing testing from 5 years and over, age-appropriate screening for 3 to 5 years, and the same full protocol for adolescents and adults.

How much does an APD assessment cost?

Part 1 (peripheral auditory assessment) is \$289, Part 2 (the full APD battery) is \$640, and the discussion appointment with report is \$189. Where Part 3 is needed to complete the testing, there is no additional payment. The same fees apply for children, adolescents and adults, payable on the day of each appointment.

What happens at each appointment?

Part 1 is a 2-hour peripheral assessment (full audiology assessment, UCLs, OAEs and ABR). Part 2 is the 2-hour APD battery, best on a separate morning when the person is well rested and fed. If a difficulty is picked up and more of the battery is needed, Part 3 (1 hour) completes the testing at no additional payment. The discussion appointment always follows once all testing is complete, about 1 to 2 weeks later.

Why do you test ABR when the hearing test is normal?

Because someone can pass a standard hearing test and still have a difference in how the signal travels. ABR shows how well the hearing nerve carries sound from the cochlea to the brainstem, and identifies auditory neuropathy, information a hearing test alone cannot give.

Do you assess sound sensitivity too?

Yes, in every assessment. We use a full structured clinical interview, validated questionnaires and UCL testing to establish whether hyperacusis or misophonia is present and how much it is contributing.

Is APD the same as ADHD or autism?

No. Inattentive ADHD and APD can look very alike, and they can also be present together, so each deserves to be looked at in its own right. We are always glad to work alongside your paediatrician, psychologist and GP.

Do I need a referral?

A GP referral is recommended and welcomed, though it is not required to book.

Can NDIS funding be used?

We can provide an itemised audiology invoice, which you may be able to use towards your NDIS funding. We do not deal with NDIS directly.

What will I receive at the end?

A detailed functional report of three to four pages that brings the whole picture together in plain terms, with clear recommendations you can act on, talked through at the discussion appointment. The child does not need to attend that appointment.

Can I see a sample report before I book?

Yes. De-identified sample reports, watermarked SAMPLE throughout, are available to download on our website. They show the depth and layout of the functional report; details have been changed to protect privacy, and every report is written for the individual.

What if the results don't meet a full APD diagnosis?

The profile is still every bit as useful. A formal diagnosis is generally based on results falling well below average on at least two different tests, but a single area of difficulty can explain a great deal about the listening effort a person is carrying, and it is all explained in the report.

How should we prepare for the testing day?

Part 2 is best on a separate day, morning or first appointment, well rested and well fed. Bring some snacks and water; breaks are available whenever needed, and the clinician watches attention and concentration closely throughout.

What support can follow the assessment?

Depending on the findings: auditory training with us, low-gain hearing aids for hearing clearly in noise, home-based listening exercises, strategies for the classroom and other settings, strategies for noisy places, and counselling and support for your child.

What is the free 20-minute chat?

A free appointment, in person or over the phone, with our paediatric and general audiologist Ingrid Lau. Bring your questions and tell us what you are noticing, and Ingrid will help you work out whether an assessment is the right move. No cost, and no obligation.

References

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