

INTRODUCTION Matrix One

EMILY	WANTS	SIX	STARS.
EMMA	DREW	SEVEN	FOOTBALLS.
MATHEW	BOUGHT	EIGHT	BOTTLES.
ANDREW	HAS	NINE	BANANAS.

The table above is a 4 × 4 matrix to be used for presenting sentences to the listener. When we use a matrix for training, we select one word from each column to form a simple sentence such as “Andrew drew nine stars,” or “Emily wants seven bananas.” There is a large number of possible sentences that can be made up using these sixteen words.

INSTRUCTIONS

- Print the matrix on page 3, and give it to the listener.
- Explain that you are going to say some simple sentences made up of words from the matrix. The sentences will be 4 words long and will contain 1 word from each column.
- Demonstrate the task by pointing at each word as you say:

MATHEW HAS SEVEN FOOTBALLS.

- Ask the listener to repeat the sentence. If you have difficulty understanding his speech, ask him to point to each word as he says it.
- Now, without pointing to the words, say the sentence:

EMILY DREW NINE STARS.

- Ask the listener to repeat what was said, and then tell him if all of the words were correctly repeated. It sometimes helps to point at the words when you repeat the sentence.
- When both of you are comfortable with the task, present the sentence list on page 4.
- Mark each word that is correctly identified. If you wish to calculate the column totals and total score, you may do this here.
- If the listener makes an error, you can correct as you go.

REMEMBER: The sentences can be presented with or without lipreading cues. DO NOT place your hand in front of your mouth to remove the lipreading cues. Simply ask the listener to look down and not to watch your lips. Alternatively, you could sit beside or behind the listener. It doesn't matter if he “sneaks a peek” occasionally, but encourage him to listen carefully and repeat what he thought was said.

FOLLOW-UP

- There are an additional 4 lists of sentences available for download on pages 5 - 8, and these can be used for follow-up training.

MAKING IT EASIER

- If the task is too difficult without lipreading, try listening and lipreading together. Every now and then, however, present one of the sentences without lipreading and see what happens.

MAKING IT MORE CHALLENGING

- If the listener is able to repeat back each word easily, try making the task a little more difficult. Here are some ways to do this:

NOISE

- Introduce some background noise by turning on a radio or the TV. Speech is the best “background noise” to use.
- Another source of speech “noise” is audio books.
- Set the volume at a level where the listener starts to experience some difficulties. Try to find the point at which the listener can correctly identify 2 or 3 words in a 4-word sentence. Once you’ve found that, present one of the sentence lists, and see how he performs. If his performance improves over time, make the noise a little louder, but try to ensure that he is still able to correctly identify at least 2 words in each 4-word sentence.

SPEAKING RATE

- Many people with hearing loss report having difficulty with talkers who speak quickly. The matrix can also be used to provide practice with more rapid speech.
- Don’t speak too quickly at first; just a little faster than normal. If the listener is okay with that, speed up a little and see what happens.
- Find the rate at which the listener is able to identify 2 to 3 words out of the 4.

FAST AND NOISY

- The most difficult listening situation is when the materials are presented at a fast rate in noise.
- Don’t attempt it unless the listener performs well in the previous conditions.

MATRIX ONE

EMILY	WANTS	SIX	STARS.
EMMA	DREW	SEVEN	FOOTBALLS.
MATHEW	BOUGHT	EIGHT	BOTTLES.
ANDREW	HAS	NINE	BANANAS.

LIST # 1

NAME _____ DATE _____

PRESENTATION CONDITIONS

1. LISTENING ONLY LISTENING + LIPREADING
 2. QUIET NOISE
 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	OBJECT
1	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
2	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	STARS. <input type="checkbox"/>
3	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
4	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
5	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
6	EMILY <input type="checkbox"/>	HAS <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
7	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
8	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
9	EMMA <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
10	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
11	EMMA <input type="checkbox"/>	DREW	SEVEN <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
12	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS <input type="checkbox"/>
13	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
14	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
15	EMILY <input type="checkbox"/>	HAS <input type="checkbox"/>	NINE <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
16	MATHEW <input type="checkbox"/>	HAS <input type="checkbox"/>	SIX <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
17	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
18	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
19	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
20	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
	_____ / 20	_____ / 20	_____ / 20	_____ / 20
TOTAL SCORE _____ / 80				

LIST # 2

NAME _____

DATE _____

PRESENTATION CONDITIONS

1. LISTENING ONLY LISTENING + LIPREADING
 2. QUIET NOISE
 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	OBJECT
1	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
2	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
3	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
4	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
5	EMMA <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	STARS. <input type="checkbox"/>
6	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
7	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
8	EMMA <input type="checkbox"/>	HAS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
9	ANDREW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
10	EMMA <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
11	MATHEW <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
12	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
13	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
14	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
15	ANDREW <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
16	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
17	EMMA <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
18	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
19	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
20	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
	_____ / 20	_____ / 20	_____ / 20	_____ / 20
TOTAL SCORE _____ / 80				

LIST # 4

NAME _____

DATE _____

PRESENTATION CONDITIONS

1. LISTENING ONLY LISTENING + LIPREADING
 2. QUIET NOISE
 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	OBJECT
1	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
2	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	STARS. <input type="checkbox"/>
3	EMMA <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
4	EMMA <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
5	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
6	MATHEW <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
7	ANDREW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
8	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
9	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
10	EMILY <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
11	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
12	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
13	EMMA <input type="checkbox"/>	BOUGHT <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
14	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
15	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
16	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
17	ANDREW <input type="checkbox"/>	DREW <input type="checkbox"/>	EIGHT <input type="checkbox"/>	STARS. <input type="checkbox"/>
18	MATHEW <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	STARS. <input type="checkbox"/>
19	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
20	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
	_____ / 20	_____ / 20	_____ / 20	_____ / 20
TOTAL SCORE _____ / 80				

LIST # 5

NAME _____

DATE _____

PRESENTATION CONDITIONS

1. LISTENING ONLY LISTENING + LIPREADING
 2. QUIET NOISE
 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	OBJECT
1	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	NINE <input type="checkbox"/>	STARS. <input type="checkbox"/>
2	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
3	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	EIGHT <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
4	MATHEW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
5	EMMA <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	STARS. <input type="checkbox"/>
6	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	STARS. <input type="checkbox"/>
7	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
8	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
9	EMMA <input type="checkbox"/>	HAS <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
10	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
11	MATHEW <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
12	EMILY <input type="checkbox"/>	HAS <input type="checkbox"/>	EIGHT <input type="checkbox"/>	STARS. <input type="checkbox"/>
13	ANDREW <input type="checkbox"/>	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
14	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	SEVEN <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
15	EMILY <input type="checkbox"/>	HAS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
16	EMILY <input type="checkbox"/>	DREW <input type="checkbox"/>	NINE <input type="checkbox"/>	FOOTBALLS. <input type="checkbox"/>
17	EMILY <input type="checkbox"/>	WANTS <input type="checkbox"/>	SIX <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
18	EMMA <input type="checkbox"/>	WANTS <input type="checkbox"/>	NINE <input type="checkbox"/>	BANANAS. <input type="checkbox"/>
19	MATHEW <input type="checkbox"/>	DREW <input type="checkbox"/>	EIGHT <input type="checkbox"/>	BOTTLES. <input type="checkbox"/>
20	ANDREW <input type="checkbox"/>	WANTS <input type="checkbox"/>	SEVEN <input type="checkbox"/>	STARS. <input type="checkbox"/>
	_____ / 20	_____ / 20	_____ / 20	_____ / 20
TOTAL SCORE _____ / 80				

INTRODUCTION Matrix Two

SUE	TOOK	TWO	OLD	STAMPS	ON	MONDAY.
BOB	SAW	THREE	GOLD	KEYS		TUESDAY.
JANE	BOUGHT	FOUR	NEW	PENS		WEDNESDAY.
JAMES	DREW	FIVE	BLUE	RINGS		THURSDAY.
ANN	SOLD	SIX	GREEN	TIES		FRIDAY.
SHANE	WANTS	NINE	RED	TOYS		SUNDAY.

Although there are seven columns, this is really a 6 x 6 matrix, as there is only one word – “on” – in column 6. Because the words in each column are similar, the task will be difficult for many listeners. Start out with a slow speaking rate and increase it to a normal rate over time.

INSTRUCTIONS

- Print a copy of the matrix (page 12) and give it to the listener.
- Explain that you are going to read a sentence made up of words from the matrix – one word from each column.
- Present the sentence, “JANE WANTS FIVE OLD TIES ON FRIDAY,”
- Point to each word as you say it. Ask the listener to repeat what was said.
- Present a couple of other practice sentences such as, “BOB SOLD THREE BLUE RINGS ON SUNDAY,” and “SUE SOLD NINE RED STAMPS ON SUNDAY,” again asking the listener to repeat what was said.
- When you’re confident that the listener understands the task, present the sentences in List 1.
- Try to make the task as light-hearted and enjoyable as possible; listening should not be a chore.
- Provide as much encouragement as possible.

REMEMBER: The sentences can be presented with or without lipreading cues. DO NOT place your hand in front of your mouth to remove the lipreading cues. Simply ask the listener to look down and not to watch your lips. Alternatively, you could sit beside or behind the listener. It doesn’t matter if he “sneaks a peek” occasionally, but encourage him to listen carefully and repeat what he thought was said.

MAKING IT MORE CHALLENGING

- If the listener is able to repeat back each word easily, try making the task a little more difficult. Here are some ways to do this:

NOISE

- Introduce some background noise by turning on a radio or the TV. Speech is the best “background noise” to use.
- Another source of speech “noise” is audio books.
- Set the volume at a level where the listener starts to experience some difficulties. Try to find the point at which the listener can correctly identify 2 or 3 words in a 4-word sentence. Once you’ve found that, present one of the sentence lists, and see how he performs. If his performance improves over time, make the noise a little louder, but try to ensure that he is still able to correctly identify at least 2 words in each 4-word sentence.

SPEAKING RATE

- Many people with hearing loss report having difficulty with talkers who speak quickly. The matrix can also be used to provide practice with more rapid speech.
- Don’t speak too quickly at first; just a little faster than normal. If the listener is okay with that, speed up a little and see what happens.
- Find the rate at which the listener is able to identify 2 to 3 words out of the 4.

FAST AND NOISY

- The most difficult listening situation is when the materials are presented at a fast rate in noise.
- Don’t attempt it unless the listener performs well in the previous conditions.

LISTENING ONLY OR LISTENING + LIPREADING?

People with normal hearing use visual cues for speech understanding, so why shouldn’t people with hearing loss? Most conversations in everyday life are face-to-face, and in them we use both listening and visual (lipreading and other) cues. If we ignore visual cues, speech understanding is a little more difficult, and that’s not a good thing. Imagine trying to have a conversation at a party or in a noisy street with your eyes closed. You might be able to understand what is being said, but it would require a great deal of effort, and you’d probably try to keep the conversation as short as possible.

These training materials can be presented listening only, to help the listener improve his ability to understand speech. If he is having difficulty repeating the sentences, consider adding lipreading. Don’t worry if it seems too easy; using a faster rate of speech and introducing background noise will make the task much more difficult and will help the listener learn to better use these 2 important sensory inputs.

MATRIX TWO

SUE	TOOK	TWO	OLD	STAMPS	ON	MONDAY.
BOB	SAW	THREE	GOLD	KEYS		TUESDAY.
JANE	BOUGHT	FOUR	NEW	PENS		WEDNESDAY.
JAMES	DREW	FIVE	BLUE	RINGS		THURSDAY.
ANN	SOLD	SIX	GREEN	TIES		FRIDAY.
SHANE	WANTS	NINE	RED	TOYS		SUNDAY.



LIST # 1 NAME _____ DATE _____

PRESENTATION CONDITIONS

- 1. LISTENING ONLY LISTENING + LIPREADING
- 2. QUIET NOISE
- 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	ADJECTIVE	NOUN	ON	DAY
1	BOB	SOLD <input type="checkbox"/>	FIVE <input type="checkbox"/>	RED <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
2	JANE	SOLD <input type="checkbox"/>	FIVE <input type="checkbox"/>	RED <input type="checkbox"/>	KEYS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
3	JANE	SOLD <input type="checkbox"/>	NINE <input type="checkbox"/>	OLD <input type="checkbox"/>	RINGS <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
4	JAMES	SOLD <input type="checkbox"/>	TWO <input type="checkbox"/>	NEW <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
5	JAMES	WANTS <input type="checkbox"/>	TWO <input type="checkbox"/>	NEW <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
6	SHANE	BOUGHT <input type="checkbox"/>	THREE <input type="checkbox"/>	BLUE <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
7	SHANE	SOLD <input type="checkbox"/>	TWO <input type="checkbox"/>	BLUE <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
8	ANN	BOUGHT <input type="checkbox"/>	FIVE <input type="checkbox"/>	GOLD <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
9	SUE	DREW <input type="checkbox"/>	THREE <input type="checkbox"/>	RED <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
10	BOB	TOOK <input type="checkbox"/>	SIX <input type="checkbox"/>	NEW <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
11	BOB	WANTS <input type="checkbox"/>	FOUR <input type="checkbox"/>	OLD <input type="checkbox"/>	RINGS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
12	JAMES	WANTS <input type="checkbox"/>	TWO <input type="checkbox"/>	GOLD <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	WEDNESDAY. <input type="checkbox"/>
13	JAMES	BOUGHT <input type="checkbox"/>	THREE <input type="checkbox"/>	GREEN <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
14	SUE	BOUGHT <input type="checkbox"/>	SIX <input type="checkbox"/>	GOLD <input type="checkbox"/>	RINGS <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
15	SUE	BOUGHT <input type="checkbox"/>	SIX <input type="checkbox"/>	RED <input type="checkbox"/>	KEYS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
16	SHANE	DREW <input type="checkbox"/>	THREE <input type="checkbox"/>	OLD <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
17	SHANE	SOLD <input type="checkbox"/>	FOUR <input type="checkbox"/>	OLD <input type="checkbox"/>	KEYS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
18	BOB	DREW <input type="checkbox"/>	TWO <input type="checkbox"/>	GREEN <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
19	BOB	BOUGHT <input type="checkbox"/>	TWO <input type="checkbox"/>	GREEN <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
20	SUE	BOUGHT <input type="checkbox"/>	THREE <input type="checkbox"/>	RED <input type="checkbox"/>	RINGS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20

TOTAL SCORE _____ / 80



LIST # 2 NAME _____ DATE _____

PRESENTATION CONDITIONS

- 1. LISTENING ONLY
- 2. QUIET
- 3. NORMAL RATE
- LISTENING + LIPREADING
- NOISE
- FAST RATE

#	NAME	VERB	NUMBER	ADJECTIVE	NOUN	ON	DAY
1	BOB	SOLD <input type="checkbox"/>	FIVE <input type="checkbox"/>	OLD <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	WEDNESDAY. <input type="checkbox"/>
2	JANE	WANTS <input type="checkbox"/>	THREE <input type="checkbox"/>	BLUE <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
3	JAMES	TOOK <input type="checkbox"/>	FOUR <input type="checkbox"/>	GOLD <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
4	BOB	SOLD <input type="checkbox"/>	FOUR <input type="checkbox"/>	BLUE <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
5	JANE	TOOK <input type="checkbox"/>	NINE <input type="checkbox"/>	GOLD <input type="checkbox"/>	RINGS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
6	SUE	WANTS <input type="checkbox"/>	FOUR <input type="checkbox"/>	GOLD <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
7	SUE	SAW <input type="checkbox"/>	FIVE <input type="checkbox"/>	GREEN <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	WEDNESDAY. <input type="checkbox"/>
8	SUE	SOLD <input type="checkbox"/>	THREE <input type="checkbox"/>	RED <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
9	SUE	SAW <input type="checkbox"/>	FIVE <input type="checkbox"/>	RED <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
10	JANE	DREW <input type="checkbox"/>	SIX <input type="checkbox"/>	RED <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
11	ANN	WANTS <input type="checkbox"/>	THREE <input type="checkbox"/>	OLD <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
12	JANE	DREW <input type="checkbox"/>	NINE <input type="checkbox"/>	GREEN <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
13	JAMES	WANTS <input type="checkbox"/>	FOUR <input type="checkbox"/>	GOLD <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	FRIDAY. <input type="checkbox"/>
14	BOB	TOOK <input type="checkbox"/>	FOUR <input type="checkbox"/>	RED <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	THURSDAY. <input type="checkbox"/>
15	SHANE	TOOK <input type="checkbox"/>	FOUR <input type="checkbox"/>	BLUE <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	TUESDAY. <input type="checkbox"/>
16	BOB	SOLD <input type="checkbox"/>	FIVE <input type="checkbox"/>	RED <input type="checkbox"/>	STAMPS <input type="checkbox"/>	ON <input type="checkbox"/>	WEDNESDAY. <input type="checkbox"/>
17	JAMES	SAW <input type="checkbox"/>	FOUR <input type="checkbox"/>	OLD <input type="checkbox"/>	TIES <input type="checkbox"/>	ON <input type="checkbox"/>	SUNDAY. <input type="checkbox"/>
18	ANN	DREW <input type="checkbox"/>	THREE <input type="checkbox"/>	RED <input type="checkbox"/>	PENS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
19	JAMES	BOUGHT <input type="checkbox"/>	SIX <input type="checkbox"/>	GOLD <input type="checkbox"/>	TOYS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
20	JAMES	BOUGHT <input type="checkbox"/>	NINE <input type="checkbox"/>	GREEN <input type="checkbox"/>	KEYS <input type="checkbox"/>	ON <input type="checkbox"/>	MONDAY. <input type="checkbox"/>
	----- / 20	----- / 20	----- / 20	----- / 20	----- / 20	----- / 20	----- / 20

TOTAL SCORE _____ / 80



LIST # 3 NAME _____ DATE _____

PRESENTATION CONDITIONS

- 1. LISTENING ONLY LISTENING + LIPREADING
- 2. QUIET NOISE
- 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	ADJECTIVE	NOUN	ON	DAY
1	JANE	<input type="checkbox"/> WANTS	<input type="checkbox"/> SIX	<input type="checkbox"/> OLD	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
2	SHANE	<input type="checkbox"/> DREW	<input type="checkbox"/> TWO	<input type="checkbox"/> GREEN	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
3	BOB	<input type="checkbox"/> WANTS	<input type="checkbox"/> FOUR	<input type="checkbox"/> BLUE	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
4	SHANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> SIX	<input type="checkbox"/> GOLD	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
5	ANN	<input type="checkbox"/> SAW	<input type="checkbox"/> FOUR	<input type="checkbox"/> BLUE	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
6	ANN	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> THREE	<input type="checkbox"/> BLUE	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
7	JANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> FIVE	<input type="checkbox"/> GOLD	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
8	JANE	<input type="checkbox"/> SAW	<input type="checkbox"/> SIX	<input type="checkbox"/> RED	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
9	ANN	<input type="checkbox"/> DREW	<input type="checkbox"/> TWO	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
10	SUE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> FIVE	<input type="checkbox"/> GREEN	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
11	ANN	<input type="checkbox"/> DREW	<input type="checkbox"/> TWO	<input type="checkbox"/> GOLD	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
12	JAMES	<input type="checkbox"/> TOOK	<input type="checkbox"/> NINE	<input type="checkbox"/> NEW	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
13	JANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> SIX	<input type="checkbox"/> RED	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
14	ANN	<input type="checkbox"/> WANTS	<input type="checkbox"/> TWO	<input type="checkbox"/> NEW	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
15	SUE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> NINE	<input type="checkbox"/> BLUE	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
16	BOB	<input type="checkbox"/> TOOK	<input type="checkbox"/> SIX	<input type="checkbox"/> RED	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
17	SHANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> FIVE	<input type="checkbox"/> GOLD	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
18	JAMES	<input type="checkbox"/> TOOK	<input type="checkbox"/> THREE	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
19	SHANE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> FIVE	<input type="checkbox"/> GREEN	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
20	BOB	<input type="checkbox"/> DREW	<input type="checkbox"/> TWO	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20	_____ / 20

TOTAL SCORE _____ / 80



LIST # 4 NAME _____ DATE _____

PRESENTATION CONDITIONS

- 1. LISTENING ONLY LISTENING + LIPREADING
- 2. QUIET NOISE
- 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	ADJECTIVE	NOUN	ON	DAY
1	BOB	<input type="checkbox"/> SOLD	<input type="checkbox"/> FIVE	<input type="checkbox"/> RED	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
2	BOB	<input type="checkbox"/> SOLD	<input type="checkbox"/> FIVE	<input type="checkbox"/> RED	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
3	ANN	<input type="checkbox"/> SOLD	<input type="checkbox"/> NINE	<input type="checkbox"/> OLD	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
4	JAMES	<input type="checkbox"/> SOLD	<input type="checkbox"/> TWO	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
5	SHANE	<input type="checkbox"/> WANTS	<input type="checkbox"/> TWO	<input type="checkbox"/> NEW	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
6	SUE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> THREE	<input type="checkbox"/> BLUE	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
7	ANN	<input type="checkbox"/> SOLD	<input type="checkbox"/> TWO	<input type="checkbox"/> BLUE	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
8	SUE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> FIVE	<input type="checkbox"/> GOLD	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
9	SHANE	<input type="checkbox"/> DREW	<input type="checkbox"/> THREE	<input type="checkbox"/> RED	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
10	SHANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> SIX	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
11	SHANE	<input type="checkbox"/> WANTS	<input type="checkbox"/> FOUR	<input type="checkbox"/> OLD	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
12	SUE	<input type="checkbox"/> WANTS	<input type="checkbox"/> TWO	<input type="checkbox"/> GOLD	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
13	SUE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> THREE	<input type="checkbox"/> GREEN	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
14	JANE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> SIX	<input type="checkbox"/> GOLD	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
15	ANN	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> SIX	<input type="checkbox"/> RED	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
16	SHANE	<input type="checkbox"/> DREW	<input type="checkbox"/> THREE	<input type="checkbox"/> OLD	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
17	SUE	<input type="checkbox"/> SOLD	<input type="checkbox"/> FOUR	<input type="checkbox"/> OLD	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
18	ANN	<input type="checkbox"/> DREW	<input type="checkbox"/> TWO	<input type="checkbox"/> GREEN	<input type="checkbox"/> PENS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
19	JANE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> TWO	<input type="checkbox"/> GREEN	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
20	JANE	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> THREE	<input type="checkbox"/> RED	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
			_____ / 20		_____ / 20	_____ / 20	_____ / 20

TOTAL SCORE _____ / 80



LIST # 5 NAME _____ DATE _____

PRESENTATION CONDITIONS

- 1. LISTENING ONLY LISTENING + LIPREADING
- 2. QUIET NOISE
- 3. NORMAL RATE FAST RATE

#	NAME	VERB	NUMBER	ADJECTIVE	NOUN	ON	DAY
1	SUE	<input type="checkbox"/> DREW	<input type="checkbox"/> THREE	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
2	BOB	<input type="checkbox"/> TOOK	<input type="checkbox"/> SIX	<input type="checkbox"/> RED	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
3	JANE	<input type="checkbox"/> TOOK	<input type="checkbox"/> FIVE	<input type="checkbox"/> RED	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
4	JANE	<input type="checkbox"/> SAW	<input type="checkbox"/> SIX	<input type="checkbox"/> BLUE	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
5	BOB	<input type="checkbox"/> WANTS	<input type="checkbox"/> FIVE	<input type="checkbox"/> NEW	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
6	JAMES	<input type="checkbox"/> TOOK	<input type="checkbox"/> THREE	<input type="checkbox"/> NEW	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
7	JAMES	<input type="checkbox"/> SOLD	<input type="checkbox"/> NINE	<input type="checkbox"/> NEW	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
8	ANN	<input type="checkbox"/> TOOK	<input type="checkbox"/> FIVE	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
9	JAMES	<input type="checkbox"/> SAW	<input type="checkbox"/> NINE	<input type="checkbox"/> OLD	<input type="checkbox"/> TIES	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
10	SUE	<input type="checkbox"/> SAW	<input type="checkbox"/> SIX	<input type="checkbox"/> NEW	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
11	SUE	<input type="checkbox"/> SOLD	<input type="checkbox"/> THREE	<input type="checkbox"/> BLUE	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> WEDNESDAY.
12	SUE	<input type="checkbox"/> SOLD	<input type="checkbox"/> FOUR	<input type="checkbox"/> GOLD	<input type="checkbox"/> TOYS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
13	BOB	<input type="checkbox"/> SOLD	<input type="checkbox"/> FOUR	<input type="checkbox"/> RED	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> MONDAY.
14	JANE	<input type="checkbox"/> SOLD	<input type="checkbox"/> FIVE	<input type="checkbox"/> RED	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
15	JANE	<input type="checkbox"/> SOLD	<input type="checkbox"/> NINE	<input type="checkbox"/> GOLD	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
16	BOB	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> NINE	<input type="checkbox"/> OLD	<input type="checkbox"/> RINGS	<input type="checkbox"/> ON	<input type="checkbox"/> FRIDAY.
17	SHANE	<input type="checkbox"/> SOLD	<input type="checkbox"/> FIVE	<input type="checkbox"/> NEW	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> TUESDAY.
18	JANE	<input type="checkbox"/> DREW	<input type="checkbox"/> THREE	<input type="checkbox"/> GREEN	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
19	SHANE	<input type="checkbox"/> SOLD	<input type="checkbox"/> FOUR	<input type="checkbox"/> GOLD	<input type="checkbox"/> STAMPS	<input type="checkbox"/> ON	<input type="checkbox"/> THURSDAY.
20	ANN	<input type="checkbox"/> BOUGHT	<input type="checkbox"/> TWO	<input type="checkbox"/> BLUE	<input type="checkbox"/> KEYS	<input type="checkbox"/> ON	<input type="checkbox"/> SUNDAY.
			_____ / 20			_____ / 20	_____ / 20

TOTAL SCORE _____ / 80