

Functional Hearing Screening Tool & Instructions

Child's Name _____

Today's Date _____

INSTRUCTIONS

This tool was developed using the National Institute on Deafness and Other Communication Disorders' "Your Child's Hearing Development Checklist." Training on the use of this tool is available from Hearing and Vision Connections (HVC) and can be requested at www.morgan.k12.il.us/isd/hvc. When referring a child for follow-up hearing screening or diagnostic assessment, multiple factors should be considered. The items listed in the tool allow for collaboration with the parent and the medical home. When parental concern or medical and/or social history suggests a concern regarding hearing, follow-up is needed.

Authorize an audiological examination for children enrolled in Early Intervention if upon completion of SECTION ONE Functional Hearing Screening:

- BRIEF HEALTH HISTORY includes one or more "Yes" response(s) For items that involve the number colds, allergies and ear infections, the child's primary care physician should concur with the need for an audiological examination prior to authorization.
- DEVELOPMENT BY PARENT REPORT includes one or more "No" response(s) OR if a child in the age range 10-36 months does not appear to respond consistently to sound. The developmental milestones listed for children in this age reflect speech/language development. These children should also respond to sound awareness, localization, discrimination and recognition.

A more in depth health history can be completed using SECTION TWO. So that appropriate referrals are made using SECTION TWO, it is recommended that the screener attend the HVC training. SECTION ONE can be administered with or without SECTION TWO.

SECTION ONE

Functional Hearing Screening: BRIEF HEALTH HISTORY

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do others in the family, including brothers or sisters, have a hearing problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | The child's mother had medical problems in pregnancy or delivery (serious illness or injury, drugs or medications). |
| <input type="checkbox"/> | <input type="checkbox"/> | The baby was born early (premature). Weight at birth:_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | The baby had physical problems at birth. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child rubs or pulls on ear(s) often. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child had scarlet fever. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child had meningitis. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child had _____ ear infections in the past year. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has colds, allergies, and ear infections, once a month_____ more often_____.
(Consult with primary care physician prior to authorization of audiological examination) |

SECTION ONE

Functional Hearing Screening: DEVELOPMENT BY PARENT REPORT

Birth to 3 Months

YES NO

- Reacts to loud sounds.
- Is soothed by your voice.
- Turns head to you when you speak.
- Is awakened by loud voices and sounds.
- Smiles when spoken to.
- Seems to know your voice and quiets down if crying.

3 to 6 Months

YES NO

- Looks upward or turns toward a new sound.
- Responds to "no" and changes in tone of voice.
- Imitates his/her own voice.
- Enjoys rattles and other toys that make sounds.
- Begins to repeat sounds (such as ooh, aah, and ba-ba).
- Becomes scared by a loud voice.

6 to 10 Months

YES NO

- Responds to his/her own name, telephone ringing, someone's voice, even when not loud.
- Knows words for common things (cup, shoe) and sayings ("bye-bye").
- Makes babbling sounds, even when alone.
- Starts to respond to requests such as "come here."
- Looks at things or pictures when someone talks about them.

10 to 15 Months

YES NO

- Plays with own voice, enjoying the sound and feel of it.
- Points to or looks at familiar objects or people when asked to do so.
- Imitates simple words and sounds; may use a few single words meaningfully.
- Enjoys games like peek-a-boo and pat-a-cake.

15 to 18 Months

YES NO

- Follows simple directions, such as "give me the ball."
- Uses words he/she has learned often.
- Uses 2-3 word sentences to talk about and ask for things.
- Knows 10 to 20 words.

18 to 24 Months

YES NO

- Understands simple "yes-no" questions (Are you hungry?).
- Understands simple phrases ("in the cup," "on the table").
- Enjoys being read to.
- Points to pictures when asked.

24 to 36 Months

YES NO

- Understands "not now" and "no more."
- Chooses things by size (big, little).
- Follows simple directions such as "get your shoes" and "drink your milk."
- Understands many action words (run, jump).

If a child in the 10-36 month age range does not appear to respond to sound consistently, provide a brief explanation of the concerns _____

SECTION TWO

Functional Hearing Screening: IN DEPTH HEALTH HISTORY

Child's Name _____ Today's Date _____

The purpose of this section is to identify risk indicators which would indicate the need for an audiological examination.

Family History: Relatives who had onset of a hearing loss during childhood should be identified. A family history of hearing loss can be a strong indicator of genetic hearing loss.

Prenatal History: Maternal health can affect a child's hearing. High fevers, ototoxic medications and certain infections can affect hearing.

Birth History: Certain indicators and interventions at birth can impact hearing not only at birth but also later in childhood.

Medical History: As with maternal health, high fever, ototoxic medications, and certain infections can effect a child's hearing. Newborn hearing screening results should be documented including the birth hospital, audiologist and / or physicians. Any concern related to hearing should also be identified.

Check any that apply and give a brief explanation.

Family History

- Parental concern regarding hearing _____
- Family member had onset of a hearing loss during childhood. Please give the individuals relationship to the child _____

Prenatal History

- Mother ill during pregnancy _____
- Mother on medication during pregnancy _____

Birth History

- Birth weight under 5 lbs. Indicate infant's birth weight _____
- Respiratory concern at birth _____
- Jaundice requiring blood transfusion or re-admittance to the hospital _____
- Neurological concern at birth _____
- Abnormal finding of the head or neck _____
- Hospitalized more than 2 days. Indicate length and reason for stay _____
- _____
- Failed newborn hearing screening _____
- Indicate birth hospital _____
- Follow-up location _____

Medical History

- Childhood illness _____
- Medications (other than over-the-counter) _____
- Hospitalizations _____
- Repeated ear infections _____
- Ear surgery _____
- Head trauma _____
- Chemotherapy _____
- Other-explain _____

ENT _____ Audiologist _____