

FUNCTIONAL HEARING SCREENING TOOL

Illinois School for the Deaf Outreach

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USER MANUAL

PURPOSE: The purpose of this tool is to identify risk factors that may lead to delays in auditory development for children from birth to age three, and thus when to refer children for pediatric audiological evaluations. Furthermore, this tool can be used to facilitate discussions with families about concerns. Early identification and intervention of all types and degrees of hearing loss increases the likelihood of children reaching typical language and communication milestones, and reaching their full potential in the social, emotional, developmental and academic domains. This tool is not intended to diagnose hearing loss, or screen for other developmental difference.

DIRECTIONS: Complete the tool in the following order:

1. Section 1: Health History (pp. 3-4)
2. Section 2: Development Checklist (pp. 5-8)
3. Section 3: Summary of Result (pp. 9-10)

When using this tool, it is important to talk with caregivers, including family members, to gain information about children's medical history and communication skills, as well as any concerns expressed by caregivers. **These are the situations in which a referral for pediatric audiological testing should be made:**

- Child was NOT screened for hearing loss at birth (if documentation of Universal Newborn Hearing Screening is not received, then assume the child was NOT screened)
- After Universal Newborn Hearing Screening, child was referred for additional testing and family did not follow up and receive additional testing (if documentation of newborn hearing re-screening is not received then assume the child was NOT screened)
- Parents and/or professionals express concern regarding child's hearing

- There is a family history of hearing loss
- If screener marks 1 or more indicators in the 'Health History' section
- If screener marks 2 or more 'no' responses on the 'Developmental Checklist'
- Child is receiving early intervention services and is not making progress with receptive or expressive language skills
- Child has been identified with hearing loss (make sure the family is seeing an audiologist on average at least every 3-6 months and the family has been referred to early intervention)
- Child does not consistently respond to sounds.
- If child's behaviors change (i.e. the child stops responding to sounds and/or balance and coordination skills change)

If the screener identifies 1 or more of the following indicators, initiate a discussion with the family, as medical intervention with their pediatrician (and perhaps otolaryngologist) could be necessary:

- Child has drainage and/or blood from their ear/s
- Child has chronic ear infections and/or congestion
- Child rubs or pulls ear/s often

If a referral for pediatric audiological testing is deemed appropriate after completing this screening, here are some referral sources in Illinois:

- Illinois's Early Intervention Program: 1-800-323-GROW & <https://www.dhs.state.il.us/page.aspx?item=30321>
- University of Illinois at Chicago - Division of Specialized Care for Children (UIC-DSCC): 1-800-322-3722 & <http://dsc.c.uic.edu/>
- Local pediatric audiologist (visit EHDIPALS.org to find a provider near the family or call UIC-DSCC for assistance)
- Illinois Educational Audiologists list (be sure to check on eligibility and referral procedures – not all educational audiology offices perform hearing testing on children under age three) & <http://bit.ly/ILEdAuds>

USE: This training tool was developed by the Illinois School for the Deaf Outreach Program. It is recommended professionals attend a face-to-face training before administering the tool. Trainings for this tool can be requested at: <http://www.illinoisdeaf.org/Outreach/Events.html>. This tool is not a replacement for objective screening measures, such as Otoacoustic Emissions (OAEs).

SECTION 1: HEALTH HISTORY SECTION

Child's Name: _____

DOB: _____

Screeener's Name: _____

Date: _____

PURPOSE: To identify risk indicators, which would indicate the need for a referral for pediatric audiological testing.

MEANS OF COLLECTING INFORMATION: Parent interview and file review if applicable.

DIRECTIONS:

1. Check any that apply and give a brief explanation under 'Comments'.
2. Report the number of risk factors identified on Summary of Results page.
 - a. **If the screener scores 1 or more risk factors, STOP the screening and refer for audiological testing.**

Ask parent/caregiver the following:

- Caregiver is concerned * regarding hearing, communication, language, or developmental delay
- Referral for additional testing was made after Universal Newborn Hearing Screening in the hospital (i.e. did not pass screening)
- Child has been diagnosed with hearing loss
- Family has history* of permanent childhood hearing loss prior to age 18
- Child spent 5 or more days in the Neonatal Intensive Care Unit (NICU) or had complications while in the NICU
- Child was exposed to infection/s before birth, including Cytomegalovirus (CMV) *
- Child had hyperbilirubinemia (i.e., high levels of jaundice)
- Child has been diagnosed with a neurological disorder *

- Child has had meningitis *
- Child has atypical head, face or ear features
- Child was diagnosed with a syndrome associated with hearing loss
- Child received a bad head injury, which required a hospital stay
- Child was given certain medications like chemotherapy or some antibiotics (i.e., gentamicin and tobramycin) which might hurt hearing
- Child has balance problems

Comments: _____

If the screener identifies 1 or more of the following indicators, initiate a discussion with the family, as medical intervention with their pediatrician (and perhaps otolaryngologist) could be necessary:

- Child has drainage and/or blood from their ear/s
- Child has chronic ear infections and/or congestion
- Child rubs or pulls ear/s often

Comments: _____

** Denotes a more serious concern.*

SECTION 2: DEVELOPMENTAL CHECKLIST

PURPOSE: To monitor auditory, receptive and expressive language skills, as delayed milestones could be an indicator of hearing concerns.

MEANS OF COLLECTION INFORMATION: Parent interview and observation.

DIRECTIONS:

1. Start within the child's chronological age or adjusted age range. If the screener does not know if a child is demonstrating a particular skill, ask the child's parents and/or try to elicit a response if possible.
2. Report the number of 'no' responses on Summary of Results page.
 - a. If the screener scores 2 or more 'no' responses in the child's age range, refer for audiological testing.
 - b. If the screener indicates 1 'no' response in the child's age range, then monitor the child's development by repeating the developmental checklist in 3 months.

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 |

Comments: _____

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 (i.e., "ooh", "aah", "ba-ba")
- Becomes scared by a loud voice

Comments: _____

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 when someone talks about them

Comments: _____

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

Comments: _____

15 to 18 Months

YES NO

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

Comments: _____

18 to 24 Months

YES NO

- Understands simple “yes-no” questions (“Are you hungry?”)
- Understands simple phrases (“in the cup”, “sit down”)
- Enjoys being read to
- Points to pictures when asked

Comments: _____

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”
- Understands many action words (jump, dance, run)

Comments: _____

SECTION 3: SUMMARY OF RESULTS

PART 1: HEALTH HISTORY

What, if any, risk factors were identified _____

PART 2: DEVELOPMENTAL CHECKLIST

Indicate how many 'no' responses were recorded when performing the 'Developmental Checklist' in the child's appropriate age range _____

RECOMMENDATIONS

PASS -- Audiological testing is not recommended at this time because there are no identified indicators of hearing loss after completing this tool. If parent concern does arise, the family should contact their primary care physician or pediatric audiologist.

MONITOR -- Only 1 'no' response was indicated under 'Developmental Checklist'. Rescreen child in 3 months by using the 'Developmental Checklist'.

REFER – Pediatric audiological testing (see next page for referral sources) is recommended at this time because (check all that apply):

- Child was NOT screened for hearing loss at birth (if documentation of Universal Newborn Hearing Screening is not received, then assume the child was NOT screened)
- After Universal Newborn Hearing Screening, child was referred for additional testing and family did not follow up and receive additional testing (if documentation of newborn hearing rescreening is not received then assume the child was NOT screened)
- Parents and/or professionals express concern regarding child's hearing
- There is a family history of hearing loss
- If screener marks 1 or more indicators in the 'Health History' section
- If screener marks 2 or more 'no' responses on the 'Developmental Checklist'
- Child is receiving early intervention services and is not making progress with language skills
- Child has been identified with hearing loss (make sure the family is seeing an audiologist on average at least every 3-6 months and the family has been referred to early intervention)
- Child does not consistently respond to sounds
- If child's behaviors change (i.e. the child stops responding to sounds and/or balance and coordination skills change)

Specialist and/or program the child was referred to: _____

Date of referral: _____

DISCUSS WITH FAMILY -- If the screener identifies 1 or more of the following indicators, initiate a discussion with the family, as medical intervention with their pediatrician (and perhaps otolaryngologist) could be necessary:

- Child has drainage and/or blood from their ear/s
- Child has chronic ear infections and/or congestion
- Child rubs or pulls ear/s often

Outcome of discussion with family: _____

Date of discussion: _____

With permission from the family, it is recommended the results of this tool be shared with the appropriate medical specialist/program.

If a referral for pediatric audiological testing is deemed appropriate after completing this screening, here are some referral sources in Illinois:

- Illinois's Early Intervention Program: 1-800-323-GROW & <https://www.dhs.state.il.us/page.aspx?item=30321>
- University of Illinois at Chicago - Division of Specialized Care for Children (UIC-DSCC): 1-800-322-3722 & <http://dsc.uic.edu/>
- Local pediatric audiologist (visit EHDIPALS.org to find a provider near the family or call UIC-DSCC for assistance)
- Illinois Educational Audiologists list (be sure to check on eligibility and referral procedures – not all educational audiology offices perform hearing testing on children under age three) & <http://bit.ly/ILEdAuds>

Resources:

Center for Disease Control and Prevention

<http://www.cdc.gov/ncbddd/hearingloss/facts.html>

&

<http://www.cdc.gov/ncbddd/hearingloss/freematerials/justintimepostatriskenglish.pdf><http://www.nidcd.nih.gov/health/voice/pages/speechandlanguage.aspx - 2>

Illinois Early Hearing Detection and Intervention Program

www.illinoisoundbeginnings.org

Joint Committee on Infant Hearing (JCIH) Position Statement 2007

<http://www.jcih.org/posstatemts.htm>

National Center for Hearing Assessment and Management

<http://www.infanthearing.org/audiology/appendix.html>

National Institute on Deafness and Other Communication Disorders, “Your baby’s hearing and communicative development checklist” as well as “*How Does Your Child Hear and Talk?*”, courtesy of the American Speech–Language–Hearing Association.

<http://www.nidcd.nih.gov/health/voice/pages/speechandlanguage.aspx#2>