

Ohio EI Hearing Checklist

Child's name

Child's DOB

ETID number

Evaluation and assessment team members

Date of completion

*The EI Hearing Checklist is conducted by any EI provider who is qualified to conduct evaluations and assessments (E/A). The checklist is completed for **ALL** children during their initial eligibility or child assessment **AND** during their annual child assessment. The results of the checklists must be included within both the evaluation summary on EI-03 (if an evaluation was completed) and the child assessment summary of the IFSP. Upon completion of the hearing checklist, the E/A team will determine whether there is a need for consultation with their team's designated hearing service provider.*

PRIOR HEARING SCREENING OR AUDIOLOGICAL EVALUATION

This section can be accomplished by review of medical records and/or through an interview with the parent.

Newborn Hearing Screening Results:

- Pass Pass w/risk factors Referred No newborn hearing screening or unknown results

Other Hearing Screening Results (e.g. well-child check)

Date of screening: _____ Location of screening: _____

Screening procedure used: _____

Results and recommended follow-up: _____

Full Audiological Evaluation

Date of evaluation: _____ Location of evaluation: _____

Conducted by: _____

Type of testing completed: _____

Results and recommended follow-up: _____

RISK FACTORS FOR HEARING LOSS

This review can be accomplished by review of medical records and/or through an interview with the parents. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Very low birth weight (under 1500/3.3 lbs.) | <input type="checkbox"/> Parent concerns about speech, language, or hearing |
| <input type="checkbox"/> Ear damage/craniofacial anomalies | <input type="checkbox"/> NICU stay greater than 5 days |
| <input type="checkbox"/> Prematurity (less than 37 weeks gestation) | <input type="checkbox"/> Family history of childhood hearing loss |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Neurofibromatosis type <input type="checkbox"/> I, <input type="checkbox"/> II, <input type="checkbox"/> III |
| <input type="checkbox"/> Bacterial meningitis/other postnatal infections | |
| <input type="checkbox"/> Persistent pulmonary hypertension of the newborn | |
| <input type="checkbox"/> Traumatic brain injury, including shaken infant syndrome | |
| <input type="checkbox"/> Recurrent or persistent colds, allergic symptoms, or ear infections | |
| <input type="checkbox"/> In utero infections such as cytomegalovirus (CMV), rubella, herpes, or toxoplasmosis | |
| <input type="checkbox"/> Neurodegenerative disorders including Hunters syndrome, Friedreich's ataxia, and Charcot-Marie-Tooth syndrome | |
| <input type="checkbox"/> Syndromes associated with hearing loss such as osteopetrosis, Usher's syndrome, Goldenhar syndrome, Branchio-Oto-Renal Syndrome, CHARGE association, Pendred syndrome, Pierre Robin syndrome, choanal atresia, Waardenburg syndrome, Stickler syndrome, Rubinstein-Taybi syndrome, and Trisomy 21 (Down syndrome) | |

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BEHAVIORAL OBSERVATIONS

Information gathered from evaluation and assessment tools in addition to informal observation and parent report may be used to complete this checklist. Start at the age range most appropriate for the child's developmental age. Check all that apply.

<p>By 6 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Startles or cries at loud, sudden noises <input type="checkbox"/> Quiets when talked to or with soothing sounds <input type="checkbox"/> Coos <input type="checkbox"/> Makes some sounds <input type="checkbox"/> Turns eyes or head toward source of sound 	<p>By 9 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attends to music or signing <input type="checkbox"/> Makes strings of sounds; babbles (ba-ba-ba, etc.) <input type="checkbox"/> Turns head when called from behind <input type="checkbox"/> Stops/pays attention when told 'no' or called by name
<p>By 12 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Begins to repeat some sounds others make <input type="checkbox"/> Responds to own name <input type="checkbox"/> Babbles using a variety of sounds and intonation 	<p>By 18 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses 3-20 words <input type="checkbox"/> Follows simple commands (e.g. "Come here") <input type="checkbox"/> Indicates wants/needs with words, vocalizations, and gestures
<p>By 24 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Points to some body parts <input type="checkbox"/> Uses 50-100 words <input type="checkbox"/> Understands 300+ words <input type="checkbox"/> Enjoys listening to stories <input type="checkbox"/> Begins using 2-word 'sentences' 	<p>By 36 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses 3 to 4-word phrases <input type="checkbox"/> Understood when speaking 50-75% of the time <input type="checkbox"/> Follows 2-step commands <input type="checkbox"/> Uses 50-250 words <input type="checkbox"/> Understands most things that are said to him/her <input type="checkbox"/> Notices different sounds (doorbell, phone, etc.)

ASSESSMENT ANALYSIS

The E/A team analyzes the information above to determine next steps. The E/A team will list any current hearing accommodations, treatments, or devices as well as their recommendations, if applicable.

Are there any prior hearing screening or audiological evaluation concerns? Yes No

Are there any risk factors for hearing loss? Yes No

Are there any missing skills within the behavioral observation: Yes No

Existing hearing supports/strategies:
Optional Notes:
E/A team recommendations: