

Ohio EI Hearing Checklist

<u>Mia Tuss</u> Child's name	<u>1/1/2023</u> Child's DOB	<u>0000000001</u> ETID number
<u>Harry Pinna and Tim Panick</u> Evaluation and Assessment team members		<u>7/5/2024</u> Date of completion

The Part C Hearing Checklist is conducted by any Part C provider who is qualified to conduct E/A. The checklist is completed for all children during their initial eligibility and child assessment and then updated thereafter during the annual assessment of the child. The results of the checklist will be included within the child assessment summary. When any risk factor or concern is noted, the checklist, along with any relevant medical records, will be shared with the EI hearing provider, who in consultation with the team will determine the need for a referral and/or hearing services.

PRIOR HEARING SCREENING OR AUDIOLOGICAL EVALUATION

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 parent. Check all that apply.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Very low birth weight (under 1500g/3.3 lbs.) | <input checked="" type="checkbox"/> Prematurity (less than 37 weeks gestation) |
| <input type="checkbox"/> Ear Damage/craniofacial anomalies | <input checked="" type="checkbox"/> NICU stay greater than 5 days |
| <input type="checkbox"/> Traumatic brain injury, including shaken infant syndrome | <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, or <input type="checkbox"/> III |
| <input type="checkbox"/> Bacterial meningitis/other postnatal infections | <input type="checkbox"/> Persistent pulmonary hypertension of the newborn |
| <input type="checkbox"/> Parental or caregiver concerns about speech, language, or hearing | |
| <input type="checkbox"/> In utero infections such as cytomegalovirus, herpes, toxoplasmosis, or rubella | |
| <input checked="" type="checkbox"/> Recurrent or persistent colds, allergic symptoms or ear infections | |
| <input type="checkbox"/> Neurodegenerative disorders including Hunter 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, Trisomy 21 (Down) Syndrome, Waardenburg Syndrome, choanal atresia, Stickler Syndrome, and Rubinstein-Taybi Syndrome | |

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> <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> <input checked="" type="checkbox"/> Attends to music or singing <input checked="" type="checkbox"/> Makes strings of sounds; babbles (ba-ba-ba, ga-ga-ga) <input type="checkbox"/> Turns head when called from behind <input checked="" type="checkbox"/> Stops/pays attention when told "no" or called by name
<p>By 12 months:</p> <input checked="" type="checkbox"/> Begins to repeat some sounds others make <input checked="" type="checkbox"/> Responds to own name <input checked="" type="checkbox"/> Babbles using variety of sounds and intonation patterns	<p>By 18 months:</p> <input checked="" type="checkbox"/> Uses 3 –20 or more words - mama, dada, baba (bottle), hi <input type="checkbox"/> Follows simple commands (e.g., "Come here.") <input checked="" type="checkbox"/> Indicates wants/needs with words/vocalizations & gestures
<p>By 24 months:</p> <input type="checkbox"/> Points to some body parts <input type="checkbox"/> Uses 50 – 100 or more words <input type="checkbox"/> Understands 300 or more words <input type="checkbox"/> Enjoys listening to stories <input type="checkbox"/> Begins using 2-word "sentences"	<p>By 36 months:</p> <input type="checkbox"/> Uses 3 to 4-word phrases <input type="checkbox"/> Speaks so understood 50 –75% of time <input type="checkbox"/> Follows 2-step commands <input type="checkbox"/> Uses 50 – 250 or more words <input type="checkbox"/> Understands most things that are said to him/her <input type="checkbox"/> Notices different sounds (doorbell, phone, etc.)

Identify any behavioral observations which indicate a concern about the child's hearing:

If Mia is not facing her parents, she does not consistently respond when her name is called or when asked to complete a task. If she is facing her parents, she typically responds or listens when given a direction. The E/A team was unable to determine how much gestures and context affect her ability to follow directions.

FINDINGS

- One or more components of the Ohio EI Hearing Checklist indicate the need for review by an Ohio EI hearing provider.
- There are no components of the Ohio EI Hearing Checklist that indicate the need for review by an Ohio EI hearing provider.

If the EI hearing provider determines a need for a referral for a pediatric audiological evaluation, the EI Service Coordinator will support the parent in making the referral and obtain consent to share the Hearing Checklist with the child's primary care physician and/or an audiologist.