|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  |   |  |   |  |
| 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.* |
|[ ]  Very low birth weight (under 1500/3.3 lbs.) |[ ]  Parent concerns about speech, language, or hearing |
|[ ]  Ear damage/craniofacial anomalies |[ ]  NICU stay greater than 5 days |
|[ ]  Prematurity (less than 37 weeks gestation) |[ ]  Family history of childhood hearing loss |
|[ ]  Chemotherapy |[ ]  Neurofibromatosis type [ ]  I, [ ]  II, [ ]  III |
|[ ]  Bacterial meningitis/other postnatal infectionsPersistent pulmonary hypertension of the newborn  |
|[ ]   |
|[ ]  Traumatic brain injury, including shaken infant syndrome |  |
|[ ]  Recurrent or persistent colds, allergic symptoms, or ear infections |
|[ ]  In utero infections such as cytomegalovirus (CMV), rubella, herpes, or toxoplasmosis |
|[ ]  Neurodegenerative disorders including Hunters syndrome, Friedreich’s ataxia, and Charcot-Marie-Tooth syndrome |
|[ ]  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) |

***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.*

|  |  |
| --- | --- |
| **By 6 months:** [ ]  Startles or cries at loud, sudden noises[ ]  Quiets when talked to or with soothing sounds[ ]  Coos[ ]  Makes some sounds[ ]  Turns eyes or head toward source of sound | **By 9 months:**[ ]  Attends to music or signing[ ]  Makes strings of sounds; babbles (ba-ba-ba, etc.)[ ]  Turns head when called from behind[ ]  Stops/pays attention when told ‘no’ or called by name |
| **By 12 months:**[ ]  Begins to repeat some sounds others make[ ]  Responds to own name[ ]  Babbles using a variety of sounds and intonation | **By 18 months:**[ ] Uses 3-20 words[ ] Follows simple commands (e.g. “Come here”)[ ]  Indicates wants/needs with words, vocalizations, and gestures |
| **By 24 months:**[ ]  Points to some body parts[ ]  Uses 50-100 words [ ]  Understands 300+ words[ ]  Enjoys listening to stories[ ]  Begins using 2-word ‘sentences’ | **By 36 months:**[ ] Uses 3 to 4-word phrases[ ]  Understood when speaking 50-75% of the time[ ]  Follows 2-step commands[ ]  Uses 50-250 words[ ]  Understands most things that are said to him/her[ ]  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:** Click or tap here to enter text. |
| **Optional Notes:** Click or tap here to enter text. |
| ​​**E/A team recommendations:** Click or tap here to enter text. |