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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 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.*

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|  | ***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 infections  Persistent 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.*

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| **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. |