Ohio EI Hearing Checklist

Department of Children & Youth
Help Me Grow Early Intervention

Child's name _____ Child's DOB _____ ETID number _____

Evaluation and assessment team members _____ 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.

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

Child's name	Child's DOB	ETID number

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 singing ☐ Makes strings of sounds; babbles (ba-ba-ba, ga-ga-ga) ☐ 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 variety of sounds and intonation patterns	**By 18 months:** ☐ Uses 3 –20 or more words ☐ Follows simple commands (e.g., "Come here.") ☐ Indicates wants/needs with words/vocalizations & gestures
By 24 months: ☐ Points to some body parts ☐ Uses 50 – 100 or more words ☐ Understands 300 or more words ☐ Enjoys listening to stories ☐ Begins using 2-word "sentences"	**By 36 months:** ☐ Uses 3 to 4-word phrases ☐ Speaks so understood 50 –75% of time ☐ Follows 2-step commands ☐ Uses 50 – 250 or more words ☐ Understands most things that are said to him/her ☐ Notices different sounds (doorbell, phone, etc.)

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

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.