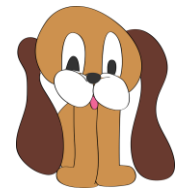


RI Early Intervention Screening for Hearing Loss or Change in Hearing Level



Child's Name DOB Age ID Date

Column 1			Column 2			
Yes	No		Yes	No	NA or Not Sure	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns about how your child hears?			Approximately how many spoken words or gestures does your child use consistently? words gestures Compare this information to the developmental milestones expected for children this age. Any child with words/gestures like that of a younger child should be referred for a hearing assessment.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any concerns about your child's language development?				
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone else expressed concern about how your child hears? If yes, who? _____				
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone else expressed concerned about your child's language development? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your child pass his/her newborn hearing screening?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had middle ear infections or fluid in the ears for more than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 2 months, did/does your child coo or make gurgling sounds <u>and</u> turn his/her head toward sounds?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a medical condition associated with hearing loss (see a example list on back)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 4 months, did/does your child babble with expression and copy sounds he/she hears?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child had meningitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 6 months does your child respond to his/her name?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child experienced head trauma or excessive exposure to noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 9 months, did/does your child turn toward familiar voices and sounds in the environment?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child experienced any serious illness requiring hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 12 months, did/does your child say single words such as "ma-ma", "da-da"?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a craniofacial anomaly, such as cleft palate that was not identified at birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 18 months, did/does your child follow or respond to simple questions? "Come here" "Where's your shoe?"
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 18 months, does/did your child say have at least 10 single words, e.g. "puppy", "milk", "cookie"
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At 24 months, did/does your child use two or three word phrases to talk or ask for things?

*If you answered **"yes"** to any questions in Column 1 and/or **"no"** to any question in Column 2, it is recommended that you schedule a comprehensive hearing test for your child by a licensed pediatric audiologist. Testing will ensure your child is hearing all the sounds we would expect. A copy of this hearing screening should be given to the audiologist.*

RI Early Intervention Screening for Hearing Loss or Change in Hearing Level

Child's Name _____ DOB ____/____/____ Age _____ ID _____ Date ____/____/____

Based on the results of this assessment:

We recommend your child receives a comprehensive hearing assessment with a pediatric audiologist (enter FER on Evaluation Summary page)

Parents/Guardian has received RI Guide to Your Child's Hearing Assessment, which includes a list of pediatric audiologists

We have learned your child is currently being followed by an audiologist (enter FER on Evaluation Summary page)

Audiologist Name: Dr. _____

Child's next scheduled appointment is on _____

No concerns have been identified at this time. Your child will continue with standard periodic screenings by their pediatrician and EI will revisit this screening at, or before the annual IFSP review (enter WNL on Evaluation Summary page)

Parents/Guardian: If applicable, remember to give your consent for Early Intervention to obtain a copy of your child's audiologic report.

Are you unsure if your child passed their newborn hearing screen?

If your child was born in RI, results can be obtained from the RI Hearing Assessment Program (phone 401-277-3700, fax 401-921-6937). You can call directly, or your EI provider can assist you. If you would like your EI provider to obtain this information on your behalf, you will be asked to sign consent before the request can take place. If the child was born out of state and you are unaware if their child was tested or what the results were, you can consult www.infanthearing.org to obtain contact information for that state.

Does your child have a medical condition associated with hearing loss?

There are over 300 syndromes associated with hearing loss. This is a list those that are more common. All children with these diagnoses should be followed closely by a pediatric audiologist.

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Achondroplasia • Alport • Apert • Branchio-Oto-Renal Syndrome • Charcot-marie-Tooth • CHARGE Syndrome • Crouzen or Cornelia de Lange | <ul style="list-style-type: none"> • Fetal Alcohol Syndrome • Goldenhar Syndrome • Hunter Syndrome • Mitochondrial Conditions • Neurofibromatosis • Pendred • Oculo-Auriculo-Vertebral Dysplasia | <ul style="list-style-type: none"> • Stickler Syndrome • Treacher Collins • Trisomy 13 or 18 • Trisomy 21 (Down Syndrome) • Turner Syndrome • Usher Syndrome • Waardenburg Syndrome |
|--|---|--|



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