PART C HEARING SCREENING

Name of Child: _____ Date of Birth: _____

Name of Person Completing Screening: _____ Date Form Completed: _____

SECTION 1: PRIOR HEARING SCREENING OR AUDIOLOGICAL EVALUATION

Newborn Hearing Screening Results:

☐ Pass ☐ Pass but at-risk ☐ Refer ☐ Missed ☐ Born outside Virginia, no newborn hearing screening or unknown results

Other Hearing Screening Results (e.g. well-child check):

Date of Screening: _____

Conducted By: _____

Screening Procedure Used: _____

Results (including recommendations for follow-up): _____

Full Audiological Evaluation*:

Date: _____

Conducted By: _____

Type of Testing Completed: _____

Results (including recommendations for follow-up): _____

[*If full audiological evaluation has been completed within the past 6 months and medical/health and developmental screening information indicates no reason for concern about hearing, then skip to Section 5.]

SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

Risk factors present during the neonatal period:

☐ An illness or condition requiring admission of 48 hours or greater to a NICU;

☐ Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss;

☐ Family history of permanent childhood sensorineural hearing loss;

☐ Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal;

☐ In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella

Risk Factors that may develop as a result of certain conditions or essential medical interventions in the treatment of an ill child:

☐ Family history of permanent childhood hearing loss;

☐ In-utero infections including cytomegalovirus, herpes, toxoplasmosis, or rubella;

☐ Craniofacial or external ear anomalies

PART C HEARING SCREENING

SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

- ☐ Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
- ☐ Stigmata of syndromes known to have sensorineural or conductive hearing loss
- ☐ Neurofibromatosis Type II
- ☐ Persistent pulmonary hypertension associated with mechanical ventilation, hyperbilirubinemia requiring exchange transfusion, or conditions requiring extracorporeal membrane oxygenation (ECMO);
- ☐ Neurodegenerative disorders including Hunter Syndrome, Friedreich's ataxia and Charcot-Marie-Tooth Syndrome;
- ☐ Head trauma
- ☐ Recurrent or persistent otitis media with effusion for at least 3 months
- ☐ Syndromes associated with progressive hearing loss including neurofibromatosis, 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;
- ☐ Parental or caregiver concerns about speech, language or hearing

SECTION 3: BEHAVIORAL OBSERVATIONS *(Mark those skills present with a P for parental report or O for observation)*

By 6 months:	**By 9 months:**
☐ Startles or cries at loud, sudden noises	☐ Attends to music or singing
☐ Quiets when talked to or with soothing sounds	☐ Makes strings of sounds; babbles (ba-ba-ba, ga-ga-ga)
☐ Coos	☐ Turns head when called from behind
☐ Makes some sounds	☐ Stops or pays attention when told "no" or name called
☐ Turns eyes or head toward source of sound	
By 12 months:	**By 18 months:**
☐ Begins to repeat some of the sounds others make	☐ Uses 3 –20 or more words
☐ Responds to own name	☐ Follows simple commands (e.g. "Come here.")
☐ Babbles using variety of sounds and intonation patterns	☐ Indicates wants/needs with words/vocalizations & gestures
By 24 months:	**By 36 months:**
☐ Points to some body parts	☐ Uses 3 to 4-word phrases
☐ Uses 50 – 100 or more words	☐ Speaks so understood 50 –75% of time
☐ Understands 300 or more words	☐ Follows 2-stage commands
☐ Enjoys listening to stories	☐ Uses 50 – 250 or more words
☐ Begins using 2-word "sentences"	☐ Understands most things that are said to him/her

PART C HEARING SCREENING

SECTION 3: BEHAVIORAL OBSERVATIONS *(Mark those skills present with a P for parental report or O for observation)*

☐ Notices different sounds (doorbell, phone, etc.)

SECTION 4: HEARING SCREENING PROCEDURES

OAE: Left Ear ☐ Pass ☐ Refer | Right Ear ☐ Pass ☐ Refer

Conducted by: _____ Date: _____

ABR: Left Ear ☐ Pass ☐ Refer | Right Ear ☐ Pass ☐ Refer

Conducted by: _____ Date: _____

Visual Reinforcement Audiometry: Must be conducted in conjunction with OAE in order to obtain ear-specific results

Conducted by: _____ Date: _____

Results:

Conditioned Play Audiometry: Must be conducted using earphones to obtain ear-specific results.

Conducted by: _____ Date: _____

Results:

SECTION 5: FINDINGS *(Please check one.)*

☐ There are no components of the Virginia Part C Hearing Screening that would indicate the need for referral for full audiological evaluation.

☐ One or more of the components of the Virginia Part C Hearing Screening indicate the need for monitoring of the child's hearing status (please describe recommended frequency and type of monitoring).

☐ One or more of the components of the Virginia Part C Hearing Screening indicate the need for referral for a full audiological evaluation.