Hearing Screening Guidelines

For all referrals to the EI/ECSE program, there are three categories of children considered for hearing screening and three levels of screening:

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| Category 1All children birth to five years are referred to Level 1. Hearing is screened as part of the referral process. | Level 1: Informal ScreeningAll children referred to the EI/ECSE program are informally screened for hearing impairments if no other hearing concerns are known at the initial referral. The child’s family reports on their child’s hearing using the intake questionnaire and Hearing Screening Checklist for hearing and/or medical concerns. EI/ECSE staff review reports from doctors or other professionals and observe the child. EI/ECSE staff may administer informal hearing screening procedures. \**Screening is completed if no concerns are identified from these sources of data. If concerns are identified from ay of the three sources (family, medical, or EI/ECSE staff) of information, screening proceeds to level 2.* |
| Category 2All children suspected of having communication concerns, developmental delay, or autism are referred to Level 2*.* | Level 2: Formal Hearing ScreeningThe hearing levels of children birth to three years should be tested by an audiologist. The hearing of children three to five years may be screened by qualified speech-language specialist, a teacher of the hearing impaired, or an audiologist. Hearing screening procedures involve pure tone testing and may involve tympanometry. \**Screening is completed if original concerns are not validated or no concerns are identified. If concerns are validated, screening proceeds to Level 3.* |
| Category 3 All children suspected of having a hearing loss that may include high risk factors listed on the following page are referred to Level 3. | Level 3: Audiological EvaluationAn Audiologist conducts a full age appropriate evaluation. If the audiological evaluation is inconclusive, objective measurements may be recommended (ABR-Auditory Brainstem Response or OAE-Otoacoustic Emissions. |

\* A “pass” does not rule out progressive hearing loss or delayed onset of hearing loss. If any indicators are present, the child is referred to Level 3.

A “pass” screening or a “normal” audiological evaluation does not rule out progressive hearing loss or delayed onset of hearing loss. If any indicators are present, the child is rescreened or re-evaluated as long as concerns are present.

Indicators that place a child at risk for hearing loss include:

• Family history of congenital sensorineural hearing loss.

• Congenital infection such as toxoplasmosis, syphilis, rubella, cytomegalovirus and herpes.

• Craniofacial anomalies including morphologic abnormalities of the pinna and ear canal.

• Birth weight less than 1500 grams (3.3 lb.)

• Hyperbilirubienemia at a level exceeding indication for exchange transfusion.

• Ototoxic medications.

• Bacterial meningitis.

• Apgar scores of 0-3 at 5 minutes.

• Prolonged mechanical ventilation for 10 days or more.

• Stigmata or other finding associated with a syndrome known to include sensorineural hearing loss (Waardenburg, Goldenhar or Usher’s Syndrome).

• Head trauma.

• Childhood infectious diseases known to be associated with sensorineural hearing loss (mumps, measles).

• Neurodegenerative disorders.