

**OREGON DEAFBLIND WORKING  
GROUP**



**HEARING SCREENING  
CHECKLIST**



## Oregon Deafblind Working Group Hearing Screening Checklist

### Introduction

Oregon state OARs and eligibility for children who are Visually Impaired, and Deafblind include the requirement for functional assessment, although eligibility for Deaf/Hard of Hearing does not. The Oregon Deafblind project child registration forms, which are used on a national basis by all states, include check boxes for both functional hearing assessment and functional vision assessment. Sometimes it is through functional assessments that children are identified as deafblind.

To assist in the process of identifying children who are deafblind, the Oregon Deafblind Working Group, with input from the Deaf/Hard of Hearing Working Group, has reviewed the attached checklist. This is a screening tool to determine whether a child should be referred to a D/HH Specialist or audiologist for further testing.

As it is a screening tool and the questions are self-explanatory, anyone who suspects issues with hearing can fill out the information. This may include teachers, therapists, parents (or other family members who may be care-takers of the child), specialists (vision, hearing, audiologists), and paraprofessionals (IAs). For maximum effectiveness, two or more persons should fill out the screening checklist independent of each other, preferably one person who is a parent. This will allow for different environments to be covered.

If a child is suspected of having a hearing loss that has not been clinically detected or defined, or for whom the paperwork is not available, this screening tool will act as an alerting mechanism to the IEP team. A child who is visually impaired faces a specific set of challenges, as does a child who is deaf/hard of hearing. A child who is deafblind faces more severe and complex challenges that cannot always be met by services solely for children who are visually impaired or deaf/hard of hearing. The impact of the dual sensory challenges on basic human needs is significant, especially for communication, psycho-social connections, and movement.


## Suggestions for use:

- ◆ Have the IEP team determine which persons should use this screening tool - and include the parent(s) as one screener. If both parents want to fill this out independent of one another, or have an older sibling or another relative participate, this is okay too. Have a minimum of two persons.
- ◆ Use it as an observational tool, rather than as a questionnaire to "ask" someone. So basically, whoever is filling out the screening tool is asking themselves the questions - and observing to obtain the answers.
- ◆ There is no need to rush to fill out everything all at once. In fact, setting the tool aside and filling it out gradually might work better - sometimes as we observe more effectively.
- ◆ Sometimes what you observe may not occur in the order in which you use the checklist. Some questions are dependent on others; some are stand-alone.
- ◆ There is a comment section at the end in case you have observed something that is not included on the checklist.
- ◆ Submit all completed screening checklists to one person - probably the teacher or a specialist in sensory disabilities - who could look over the information and see if there are commonalities or significant differences.
- ◆ Refer to an audiologist or teacher of the deaf/hard of hearing.



## Hearing Screening Checklist



- ❖ Does this child recognize his name?
  - Does the child recognize the "pattern" of the name, but not his name itself (i.e., the word)?
  - If yes -- How near do you have to be for the child to respond to his name?
- ❖ If you say his name from behind him,  and he does not see you - does he indicate
  - Recognition of his name? or
  - At least a response? (Note this could just be that he becomes still, bites his lip, blinks his eyes - very subtle)



- ❖ Does the child
  - Babble - vocally, with his fingers
  - Vocalize
  - Say words
  - Say phrases and sentences that you can recognize in context but which otherwise are not recognizable?
  - Seem to be using his fingers to communicate (pre-sign)?



- ❖ Does the child say isolated words?
  - Clearly?
  - Not very clearly, but understandable, within the context?
  - Not at all?
  - Are these meaningful, within the context?

❖ Is there a delayed response to something he hears?

- Count to 5 while you wait
- Count to 3



❖ Does the child's hearing seem to vary from day to day on some days (times of day) and "off" some days?

- Have you noticed if this happens when he did not sleep well? Or
- If he is not feeling well? Or
- If these are days when there have been many "new" things happening in his world (e.g., visitors at home, taking class photographs, a class picnic)
- If there is too much noise in the current environment?



- hearing more "on"

❖ Does the child need you to be in view in order to respond to what you say - i.e., does

he use his vision to "cue" his hearing?



❖ Does the child seem to hear better with one ear more than the other?

- Right? Left?



❖ Does the child know exactly where a sound is coming from - and perhaps turn to

look at the sound source?



❖ Does the child like music?

- If yes -- Can the child hum the tune?



- If yes - Does the child also sing the words?
- Is there a specific type of music he prefers? (drums and percussion, classical, children's songs, country and western, rap, etc)



- ❖ Does the child communicate his wants and needs in response to something you say?



Or

- Is he responding to your facial expression and body language? Or
- To other environmental cues?

- ❖ Does the child respond to **high** pitched sounds? What reaction do you see?

- Squealing?
- A high-pitched flute or recorder?
- A triangle (percussion instrument)?
- Marbles on a tin tray?
- Small bells hung in a tin can?



- ❖ Does the child respond to **low** pitched sounds? What reaction do you see?

- Rumbling?
- Low voice?
- Low tones on a piano or a bell?



- ❖ Does the child hear distant sounds and react to them like they were close by? For

example, a lawn mower, a snow blower, a semi-truck rumbling by?



- Does the child indicate that the sounds are unpleasant?
- Is it a sound that you heard clearly or had to REALLY listen for?

- ❖ Does the child block one or both of his ears sometimes?



- Any specific situations?
- If yes, is it the right or left ear, both ears?

- ❖ Does it make a difference if a sound is familiar or unfamiliar?

- Can you describe a child's behavior if the sound is unfamiliar?
- What happens if it is a familiar sound?
- Do you think he understands the familiar sound?

- ❖ Does the child have problems in a crowded or noisy place?



- If yes, what does he do?
  - Fusses or cries?
  - Doesn't respond in the same way he usually does?

❖ Does the child attend to a sound(s) only fleetingly and become "distracted" from the sound source too soon?

❖ What does the child do when you read to him and his friends/ siblings?



❖ Do you think this child uses his sense of hearing in the same way other children of his age do?



- In what way is he the same?
- In what way does he differ?

Additional Comments and observations:

Three horizontal rectangular boxes with rounded ends, each preceded by a blue downward-pointing arrowhead on the left side, intended for additional comments and observations.