

# Parent Guide for Newborn Hearing Screening, Audiology Follow-Up, and Early Intervention



## Patient Information

Child's Last Name:	First:	DOB (mmddyyyy):
Child's Address:	City:	State: ZIP Code:
Guardian's Name:	Relationship to Child:	
Guardian Primary Phone:	Email:	Secondary Phone:

## Medical Summary Diagnosis

Diagnosis:	Date (mmddyyyy):
Diagnosis:	Date (mmddyyyy):
Diagnosis:	Date (mmddyyyy):
Diagnosis:	Date (mmddyyyy):
Diagnosis:	Date (mmddyyyy):
Diagnosis:	Date (mmddyyyy):

## Hearing-Related Care Team

Pediatrician\PCP:	Phone:	Email:
ENT:	Phone:	Email:
Audiologist:	Phone:	Email:
Early Intervention Services(EIS) Coordinator:	Phone:	Email:
EIS Hearing Provider:	Phone:	Email:
Speech Pathologist:	Phone:	Email:
Children with Medical Handicaps (CMH) Public Health Nurse:	Phone:	Email:
Other:	Phone:	Email:

# Parent Guide for Newborn Hearing Screening, Audiology Follow-Up, and Early Intervention

Hospital at Birth (0 Months)	<b>Hospital Inpatient Newborn Hearing Screening Results (OAE/ABR)</b>												
	Date of screening(s) (mmddyyyy): _____ <b>OAE</b> = Otoacoustic Emissions <b>ABR</b> = Auditory Brainstem Response  <table> <tr> <td><b>Test #1:</b></td> <td><input type="checkbox"/> OAE <input type="checkbox"/> ABR</td> <td><b>Test #2:</b></td> <td><input type="checkbox"/> OAE <input type="checkbox"/> ABR</td> </tr> <tr> <td><b>Right ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> <td><b>Right ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> </tr> <tr> <td><b>Left ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> <td><b>Left ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> </tr> </table>		<b>Test #1:</b>	<input type="checkbox"/> OAE <input type="checkbox"/> ABR	<b>Test #2:</b>	<input type="checkbox"/> OAE <input type="checkbox"/> ABR	<b>Right ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Right ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Left ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Left ear:</b>
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Home Births	<b>Home Births – First Hearing Screening (highly recommended, billed under insurance)</b>												
	Date of screening(s) (mmddyyyy): _____ Date of screening(s) (mmddyyyy): _____  <table> <tr> <td><b>Test #1:</b></td> <td><input type="checkbox"/> OAE <input type="checkbox"/> ABR</td> <td><b>Test #2:</b></td> <td><input type="checkbox"/> OAE <input type="checkbox"/> ABR</td> </tr> <tr> <td><b>Right ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> <td><b>Right ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> </tr> <tr> <td><b>Left ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> <td><b>Left ear:</b></td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass</td> </tr> </table>		<b>Test #1:</b>	<input type="checkbox"/> OAE <input type="checkbox"/> ABR	<b>Test #2:</b>	<input type="checkbox"/> OAE <input type="checkbox"/> ABR	<b>Right ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Right ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Left ear:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass	<b>Left ear:</b>
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Diagnostic Follow-Up By (3 Months)	<b>Diagnostic Audiology Evaluation Section</b>												
	Date of screening(s) (mmddyyyy): _____  <b>Right Ear:</b> <b>Type &amp; Degree of Hearing Loss</b> _____ <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Mild <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Moderate <input type="checkbox"/> Conductive <input type="checkbox"/> Moderate to Severe <input type="checkbox"/> Fluctuating <input type="checkbox"/> Severe Conductive <input type="checkbox"/> Sensorineural <input type="checkbox"/> Profound <input type="checkbox"/> Mixed	Date of screening(s) (mmddyyyy): _____  <b>Left Ear:</b> <b>Type &amp; Degree of Hearing Loss</b> _____ <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Mild <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Moderate <input type="checkbox"/> Conductive <input type="checkbox"/> Moderate to Severe <input type="checkbox"/> Fluctuating <input type="checkbox"/> Severe Conductive <input type="checkbox"/> Sensorineural <input type="checkbox"/> Profound <input type="checkbox"/> Mixed											
Additional follow-up needed date: (mmddyyyy): _____ Communication type(s) I/we are exploring for my child (see communication options chart): _____													

## Risk Factors for Hearing Loss

(Check all the apply)

- ☐ None/not known.
- ☐ Caregiver concern about hearing, speech, language, communication.
- ☐ Developmental concerns, not meeting age-related milestones.
- ☐ Craniofacial anomalies, microtia/atresia, cleft lip/palate, other.
- ☐ Cytomegalovirus (CMV), Zika, in utero infections.
- ☐ Positive postnatal Infections, bacterial, viral, meningitis.
- ☐ Family history of early, progressive, delayed onset permanent childhood Hearing Loss.
- ☐ Hyperbilirubinemia with ECMO.
- ☐ Neurodegenerative disorder.
- ☐ NICU more than five days.
- ☐ Ototoxic medications more than five days.
- ☐ Syndromes and/or physical findings.
- ☐ Head trauma, fractures.

Adapted from Joint Committee on Infant Hearing (JCIH) 2019.

## Early Hearing Detection and Intervention (EHDI)

• Screening at Birth – 0 Months • Diagnostic Testing – 3 Months • Early Intervention – 6 Months

# Parent Checklist for Newborn Hearing Screening, Audiology Follow-Up, and Early Intervention

Early Intervention By 6 Months

## IDEA Individuals with Disabilities Education Act (Part C) Early Intervention Section (age birth to 3 years)

Transition to Part B Ohio Department of Education (ODE) at 3 years of age

- ☐ Enrollment in early intervention services, Ohio Department of Developmental Disabilities (DODD).
- ☐ 1. Contacted by early intervention service coordinator (EIS) from county board of developmental disabilities.
- ☐ 2. Assessment completed/eligibility for services.
- ☐ 3. Individualized family service plan (IFSP) created, goals for my child.
- ☐ 4. Services needed/identified.
- ☐ 5. Other specialists needed \_\_\_\_\_.
- ☐ 6. Updates in 180 days.
- Once your child is determined eligible for early intervention services:
  - Your service coordinator will work with other team members to coordinate and complete an assessment that identifies your child's and family's resources, strengths, and needs.
  - Using the information from the assessment process, an individualized family service plan (IFSP) is developed.
    - The IFSP is based on the outcome goals you have for your baby/child.
    - Tells us what supports you and your family may need to address the developmental needs your child may have.
- Children with hearing loss typically have a delay in the development of speech, language, and communication skills.
  - The first five years are really important for speech and language development.
  - These skills are necessary in order to learn to communicate: speech, language, hearing.

## Communications Options

1. Auditory – Oral
2. Auditory – Verbal
3. American Sign Language (ASL)
4. Cued Speech
5. Total Communication

Notes:

# Parent Checklist for Newborn Hearing Screening, Audiology Follow-Up, and Early Intervention

## Referrals Needed

**Medical Evaluations** to determine related conditions.

- ☐ Referral for diagnostic audiology evaluation.
- ☐ Otolaryngology/ear, nose and throat – ENT/otology (required).
- ☐ Ophthalmologist – Vision (recommended).
- ☐ Geneticist – Genetics (recommended).
- ☐ Developmental pediatrics, neurology, cardiology, and nephrology (as needed).
- ☐ Department of Developmental Disabilities.

### Parent Concern

- ☐ Automatic referral for diagnostic audiology evaluation and/or speech evaluation.

## Ongoing Care for My Baby/Child

- ☐ Read information about hearing, speech, and language milestones.
- ☐ Watch for ear infections affecting hearing.
- ☐ Vision screening and referral if concerns.
- ☐ Watch for developmental milestones – Download Centers for Disease Control and Prevention (CDC) milestones tracker app.
- ☐ Read (15 minutes recommended), talk, and sing.
- ☐ Learn about communication options for my baby/child.
- ☐ Learn about 0-3 services for my baby.
- ☐ Learn about school services and beyond (age 3 and above).
- ☐ Know risk factors for delayed-onset hearing loss.  
(If risk factors are present, get audiology evaluation scheduled for monitoring.)
- ☐ Talk to PCP about concerns.
- ☐ Some babies pass the hearing screening even though they have underlying hearing loss, or hearing loss can develop after birth. It's important to have more testing (audiological evaluation) completed if you have concerns.
- ☐ Signing time videos – <https://www.signingtime.com/>.

## Next Steps

Hearing Screening Questions:

**614-387-0135**

Diagnostic Audiology Evaluation Questions:

**614-728-4676**

Adapted from – American Academy of Pediatrics Task Force for Improving Newborn Hearing Screening, Diagnosis and Intervention  
([www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)).

