

Hearing Screening Tool - Functional

Instructions: This instrument should be completed as an interview with the parent/guardian, along with observation by a professional who has experience with evaluating hearing, language, and speech.

Child's Name _____

Date _____ Chronological Age _____

Guardian's Name _____ Evaluator _____

Conclusions: ___Hearing appears to be adequate ___Refer for Audiological Evaluation

Functional Hearing Screening: HEALTH HISTORY

Yes	No	
		Do others in the family, including brothers, sisters, parents, grandparents, aunts, uncles, cousins, have a hearing problem? Ages of onset: _____
		Did a family member experience early onset hearing loss (during childhood)?
		Did the child's mother have medical problems during pregnancy or delivery (serious illness or injury, high fever, drugs/medications)?
		Was the baby born premature? Gestation: _____ Weight at birth: _____.
		Did the child have medical problems at birth? Explain: _____
		Did the child have respiratory problems at birth?
		Does the child have neurological problems?
		Has the child had a head trauma?
		Has the child had chemotherapy?
		Has the child had a blood transfusion?
		Does the child rub or pull on ears often?
		Did the child have scarlet fever or extended illness with high fever?
		Did the child have meningitis?
		Has the child tested positive for Cytomegalovirus (CMV)? ___ Don't know
		Does/Did the child have PE tubes in their ears?
		Does/Did the child have colds, allergies, ear infections: ___once a month ___more often Explain below
		Does/Did the child take medication for ear infections?
		Did your child fail their Newborn Hearing Screening? ___ Don't know
		Has your child seen an ENT or an audiologist? For what reason: _____

List any health concerns not included above, or expound on "yes" answers above:

Instructions: For the next section, Enter at the child's chronological age or functioning level. If the parent does not report "yes" to all of the items (Basal) at that level, or if the behavior is not consistently observed, return to an immediately lower level, and continue to do so, until a Basal is established, or the "Birth to 3 months" section has been administered. Then return to the Entry level and work forward until all items are missed at a level (Ceiling). You may proceed beyond the Ceiling to further evaluate hearing and language skills.

Functional Hearing Screening: PARENT REPORT/OBSERVATION

Birth to 3 Months

Yes	No	Does your child:
		React to loud sounds
		Seem to know your voice and quiet down when you talk to them softly
		Turn their head to you when you speak
		Awaken to loud voices and sounds
		Smile when spoken to

3 to 6 Months

Yes	No	Does your child:
		Look upward or turn toward a new sound
		Respond to "no" and changes in tone of voice
		Enjoy rattles and other toys that make sounds
		Imitate his/her own voice
		Repeat sounds (such as ooh, aah, and ba-ba)
		React to a loud voice

6 to 10 Months

Yes	No	Does your child:
		Respond to his/her own name, telephone ringing, someone's voice, even when not loud
		Know words for common things (cup, bottle) and sayings ("bye-bye")
		Make babbling sounds, even when alone
		Respond to requests such as "come here"
		Look at things or pictures when someone talks about them

10 to 15 Months

Yes	No	Does your child:
		Engage in vocal play, enjoying the sound and feel of it
		Point to or look at familiar objects or people when asked to do so (Where's Sissy?)
		Imitate simple words and sounds; may use a few single words meaningfully
		Enjoy games like peek-a-boo and pat-a-cake

15 to 18 Months

Yes	No	Does your child:
		Follow simple directions, such as "give me the ball"
		Often use words he/she has learned
		Use 2-3 word sentences to talk about and ask for things
		Know 10 to 20 words

18 to 24 Months

Yes	No	Does your child:
		Understand simple "yes-no" questions (Are you hungry?)
		Understand simple phrases ("in the cup," "on the table")
		Enjoy being read to
		Point to pictures when asked

24 to 36 Months

Yes	No	Does your child:
		Understand "not now" and "no more"
		Choose things by size (big, little)
		Follow simple directions such as "get your shoes" and "drink your milk"
		Understand many action words (run, jump)

If a child in the 10-36 month age range does not appear to respond to sound consistently, provide a brief explanation of the concerns _____