

**Wyoming Early Hearing Detection and Intervention (EHDI) Program  
Hearing/Vision Screening Results Form**

**\*Required Information**

**Child's Name:\*** \_\_\_\_\_ **DOB:\*** \_\_\_\_\_ **Gender:\*** M \_\_\_ F \_\_\_  
 Screening Locale: \_\_\_\_\_  
 Parents/Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parents/Caregiver Address: \_\_\_\_\_  
 Child's Physician: \_\_\_\_\_ Permission to send results to physician: Yes \_\_\_ No \_\_\_  
 If necessary, permission to rescreen child's hearing: Yes \_\_\_ No \_\_\_

**LEGEND**

DNT = Did Not Test (e.g. < 9 months for immittance)  
 CNT = Could Not Test (e.g. behavior/sensitivity to task)  
 CNC = Could Not Condition (e.g. did not understand pure tone listening game)  
 MEP = Middle Ear Pressure  
 TM COMP = Tympanic membrane compliance  
 ECV = Ear canal volume (physical size)  
 OAE = Otoacoustic emissions

1. Hearing Screening Results:											2. Vision Screening Results			3. Tracking			Notes							
Screen Date	Ear	Otoscopic	IMMITTANCE				PURE TONES			OAE	Pass (P) / Fail (F)	Follow-up Recommendations (use I: 1-6, See below)	Follow-up to referral, Include date (use II: 1-13, See below)	Screener's Initials	Audiologist/Reviewer's Initials	Appearance of Eyes Pass (P) / Fail (F)		Camera Pass (P) / Fail (F)	Recommendation (use III: 1-5, see below)	Hearing Results Entered into EHDI database	Vision Results Entered into EHDI database	Results Entered into MDT report		
			ECV	TM COMP	MEP	Acoustic Reflex	1,000 Hz	2,000 Hz	4,000 Hz															
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**I. Follow-up Recommendations:**  
(Please choose one based on hearing screening results)

- Rescreen in 12 months unless concerns arise or a change in hearing is noted.  
Hearing levels appear adequate for speech/language development at this time.
- Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear development at this time.
- Rescreen in 4-6 weeks.
- Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
- Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
- Refer to Audiologist and rescreen in 4-6 weeks.

**II. Follow-up to Medical and/or Audiological Referral:**  
(Please choose one for each referral made)

- Physician confirmed medical condition.
- Physician did not confirm medical condition.
- Audiologist confirmed hearing loss (conductive, SNHL, mixed).
- Audiologist reports hearing within normal limits at all frequencies.
- Pressure equalization tubes placed.
- Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
- Per parent report, audiological referral has not been acted upon. Child has not been seen by audiologist.
- Per parent report, medical appointment/follow-up is scheduled, but pending.
- Per parent report, audiological appointment/follow-up is scheduled, but pending.
- Phone call to parent. No answer. Left message asking them to call.
- Phone call to parent. No answer. Did not leave message.
- Letter sent to parent.
- Other \_\_\_\_\_

**III. Vision Follow-up Recommendations:**  
(Please choose one based on vision screening results)

- Passed both eyes, rescreen in 12 months.
- Child not screened due to corrective lenses.
- Refer to Eye Care Professional.
- Rescreen in \_\_\_ months.
- Other: \_\_\_\_\_

**IV. Risk Factors for Late Onset Hearing Loss Not Present/Noted at Birth: (check all that apply)**

- 1. Parental or caregiver concern regarding hearing, speech, language and/or developmental delay
- 2. Syndromes associated with progressive hearing loss such as Neurofibromatosis, Osteopetrosis, and Usher's Syndrome
- 3. Head trauma
- 4. Ototoxic medications
- 5. Recurrent or persistent Otitis Media with effusion for at least 3 months
- 6. Exposure to high noise levels
- 7. Other: \_\_\_\_\_
- 8. None

**V. Early Intervention Status**

IFSP     IEP     Referred for Developmental Evaluation     No Early Intervention at this time

Initial IFSP/IEP Date (if applicable): \_\_\_\_\_

Annual review data IFSP/IEP Date (if applicable): \_\_\_\_\_

Other: \_\_\_\_\_

**VI. Known Hearing Loss**

No  
 Yes     Hearing aid(s)     BAHA(s)     Cochlear Implant(s)     Other \_\_\_\_\_

**VII. Notes:** \_\_\_\_\_  
\_\_\_\_\_