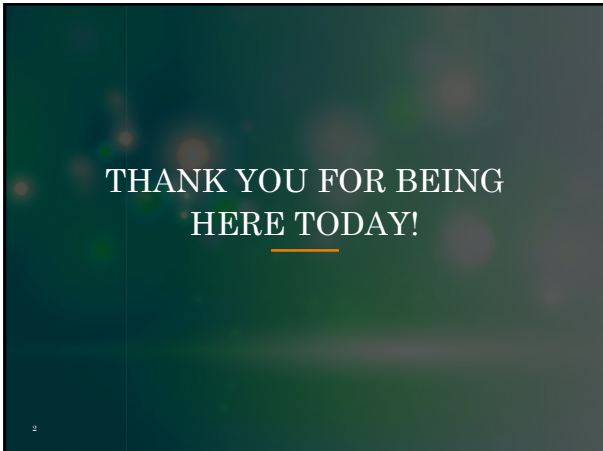





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307-421-5765

4



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EHDI Program Co-Coordinator

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5



WHO ARE YOU? |

6

7



Why are we here?

Our (YOUR) work is to give Wyoming children (with all degrees and types of hearing loss) better outcomes through early identification, diagnosis, and, when appropriate, intervention.

7

8



- Sign-in sheets
- Handouts
- Evaluations – both sides!
- Continuing education credit
- Schedule
- Restroom
- Questions!

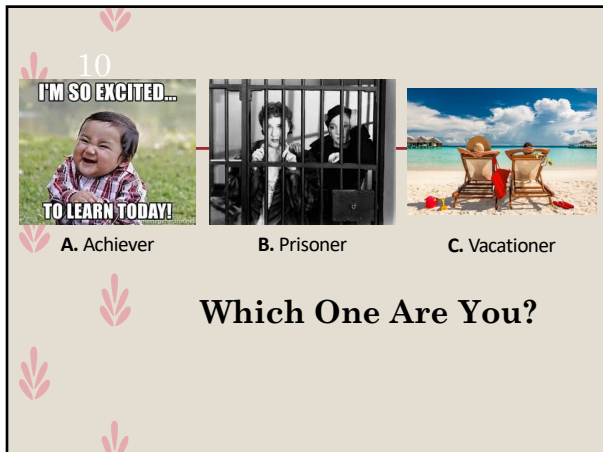
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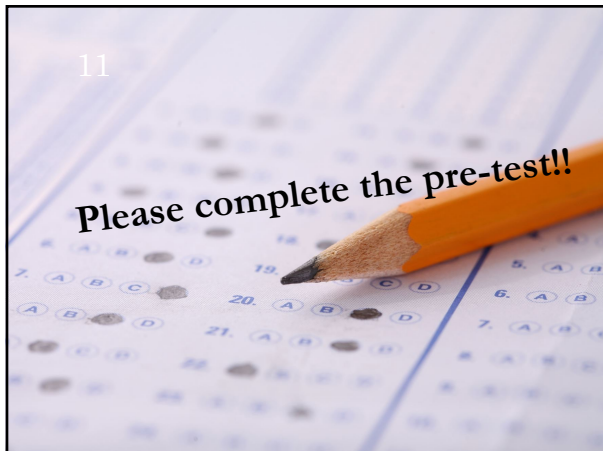
PPPPPPPP

- A. All
- B. Some
- C. None

9



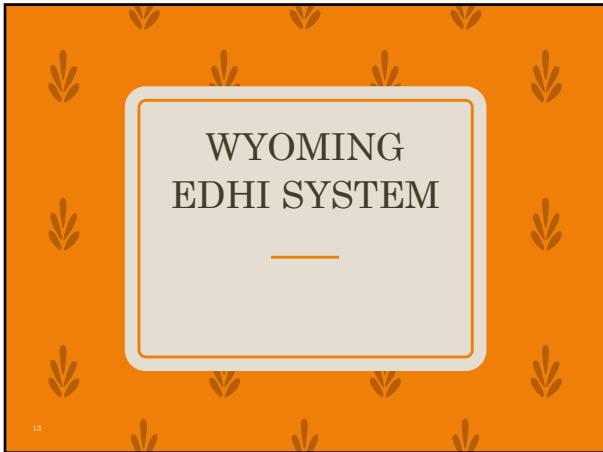
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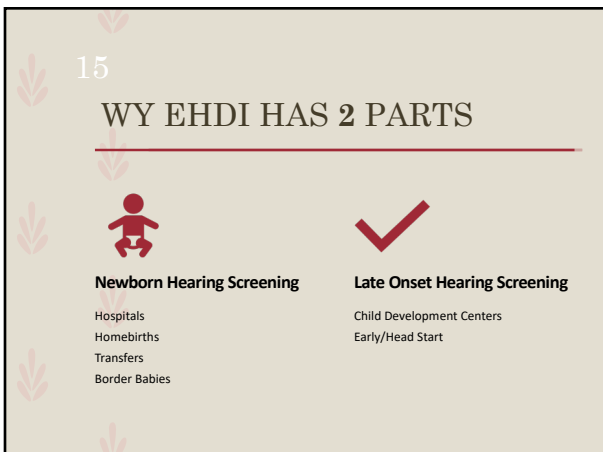
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Let's Talk NBHS Real Quick

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Late onset hearing loss (LOHL)

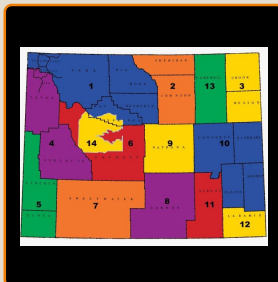


- After the child leaves the hospital and before s/he enters kindergarten.
- Periodic/annual LOHL hearing screenings.
 - Child Find
 - 1 before 2
 - IFSP/IEP
 - Physician Referral
 - Parent/Teacher request

17

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Child Development Center Regions



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Wyoming's 42 child development centers

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Did you know.....

The contract language used between the Early Intervention and Education Program and the fourteen Child Development Center Regions in Wyoming **REQUIRES** the Child Development Centers to use the Late Onset EHDI hearing screening protocol and to log results (hearing and vision) of screenings in the EHDI IS?

***EHDI not responsible for vision screening protocol

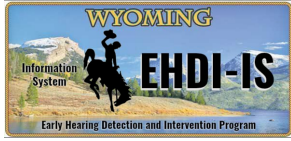
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Adhere to Wyoming Early Hearing Detection and Intervention (EHDI) hearing screening protocols and procedures, which are incorporated into this Contract by this reference, and **complete timely submission** of screening results and follow-up information for both hearing and vision in the Wyoming EHDI tracking system

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Wyoming's EHD-IS System

All newborn hearing screening data are entered.

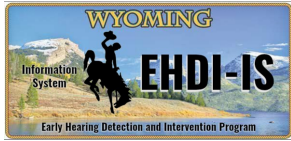
All hearing screening data from Wyoming's 42 child development centers are entered.

Educational and medical personnel will be able to access the information via the Total Health Record (THR)... When?

Built upon standardized hearing screening procedures for the birth to 5 years-old population.

22

23



Wyoming's EHD-IS System

- ❖ Great record-keeper!
- ❖ Will generate referral letters
- ❖ Keeps track of pending screenings
- ❖ Will tabulate reports
- ❖ Can upload medical and audiologic results

23

WHY SHOULD YOU
CARE?


24

24

Did you know

1-3/1000 children are born with
hearing loss
That number triples once they reach
school-age

25



So, What Does Hearing
Loss Sound Like?

26

26

27 **Hearing Loss Simulation**



27

28

AN EXAMPLE OF THE ABILITY TO HEAR SPEECH WITH A HEARING LOSS

<u>NORMAL HEARING:</u>	Freddie thought he should find a whistle.
<u>MILD HEARING LOSS:</u>	Freddie though- -e --ould -ind a whi—e.
<u>MODERATE HEARING LOSS:</u>	-reddie --ough- -e --ould -i-- a --i—le.
<u>SEVERE HEARING LOSS:</u>	--e—ie --ou--- -e --ou-- -i-- a --i—le.
<u>PROFOUND HEARING LOSS:</u>	LOUDsoft LOUD soft soft LOUD soft.....

28

29

We hear with the brain. The ears are just the way in!

If "data" are entered inaccurately, incompletely, or inconsistently, (analogous to using a malfunctioning keyboard), the child will have incomplete and/or inaccurate auditory information to process.

How can we expect a child to learn well when the auditory information that reaches his/her auditory cortex is not complete (as is the case for a child with hearing loss)?

29

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Think of Your Hearing System as a Computer

Let's say the keyboard is repaired (hearing aids, tubes, etc.)

Now data can be entered accurately. What happens to all the previously entered inaccurate/incomplete information?

Unfortunately, the correct data needs to be re-entered. That is, reheard and retaught.

There is no "find function" to convert inaccurate data to complete and accurate information

Therefore, the longer a child's hearing remains unrecognized and unmanaged, the more far reaching the effects...

30

If we do not identify and properly manage ear/hearing problems....

31

Spiraling Effects of Hearing Loss

32

Late Onset Hearing Screening Protocols For WY CDCs

33

Please Remember...

- This is a screening **NOT** a diagnostic test
- What to say to parents
 - *We are screening the hearing of your child today. I will let you know if they pass or fail at the end today. If your kiddo fails, then we will go over what to do next.*
- Tell parents if child passed or failed and appropriate recommendation
- **DO NOT** give details on results

34

35

Let's Do Some
Hearing Screening!

35

36

Screening Components



Otoscopic cursory
Inspection



Immittance



OAE/Pure Tone

36

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

Required Information
 Child's Name: _____ DOB: _____ Gender: M _____ F _____
 Screening Location: _____
 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., < 6 months for nonverbal)
 DNF = Could Not Test (e.g., behavior/unwilling to test)
 DNC = Could Not Condition (e.g., did not understand pure tone hearing game)
 MAP = Middle Ear Pressure
 TM COMP = Tympanic membrane compliance
 ECV = Ear canal volume (physical exam)
 OAE = Otoacoustic emissions

Age	Hearing Screening Results										Vision Screening Results										Tracking	Notes
	Ear	OAE	DTF	Thy. OAE	Acoustic Reflex	Compliance	ECV	MAP	TM COMP	ECV	Visual	Visual	Visual	Visual	Visual	Visual	Visual	Visual				
1																						
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I. Follow-up Recommendations:
 (Please choose one based on hearing screening results)
 1. Rescreen in 12 months unless otherwise noted or a change in hearing is noted.
 2. Rescreen in 6 months to monitor progressive degeneration (PND) status. Hearing levels appear developmentally at this time.
 3. Rescreen in 4-6 weeks.
 4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
 5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
 6. 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)
 1. Physician confirmed medical condition.
 2. Physician did not confirm medical condition.
 3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
 4. Audiologist reports hearing within normal limits at all frequencies.
 5. Pressure equalization tubes placed.
 6. For parent report: medical referral has not been acted upon. Child has not been seen by doctor.
 7. For parent report: audiological referral has not been acted upon. Child has not been seen by audiologist.
 8. For parent report: medical appointment/follow-up is scheduled, but pending.
 9. For parent report: audiological appointment/follow-up is scheduled, but pending.
 10. Phone call to parent. No answer. Left message asking them to call.
 11. Phone call to parent. No answer. Did not leave message.
 12. Letter sent to parent.
 13. Other _____

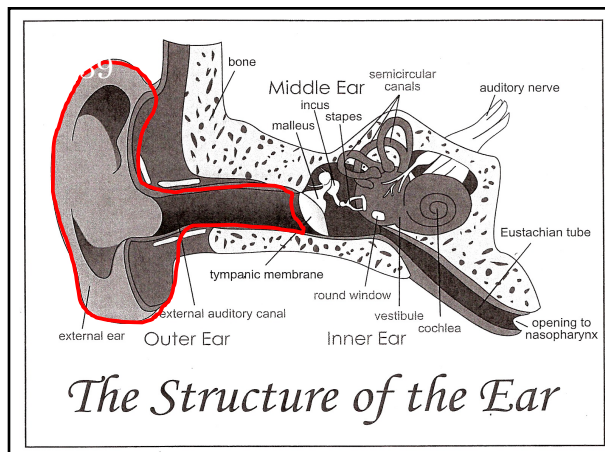
III. Vision Screening Results:
 (Please choose one based on vision screening results)
 1. Passed both eyes, rescreen in 12 months.
 2. Child not screened due to corrective lenses.
 3. Refer to Eye Care Professional.
 4. Rescreen in _____ months.
 5. Other _____

Updated: 5/28/2009

37



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The Point

Looks at the outer ear

- ✧ Pinna
- ✧ Ear Canal

Things you might find

- ✧ Wax
- ✧ Foreign Object
- ✧ Drainage

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How to Perform Otoscopy

Twist the specula onto head of otoscope

→

Hold otoscopy like you hold a pen

→

Pull up and back on the ear

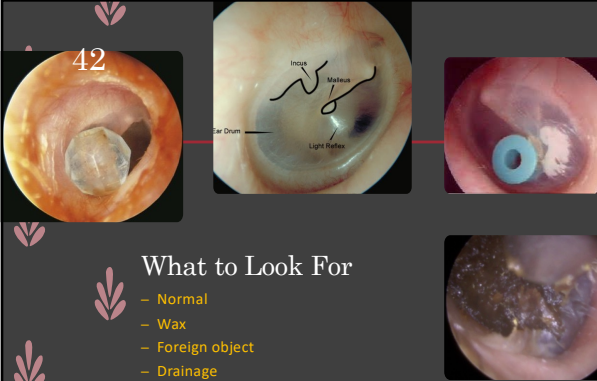
Put specula in opening of ear canal

→

BRACE!

41

42



What to Look For

- Normal
- Wax
- Foreign object
- Drainage
- Pressure Equalization Tubes

42

46

The Point

- ❖ Outer and middle ear
- ❖ To screen the HEALTH of the middle ear
- ❖ If the ear is unhealthy, it can contribute to fluctuating/temporary hearing loss
- ❖ Provides info in knowing to whom to make a referral

***Also called Tympanometry

46

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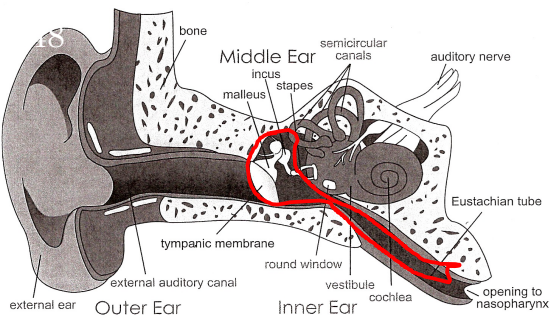
What Is The Middle Ear

The area between the external ear and inner ear.
Includes:

- ❖ Tympanic membrane
- ❖ Ossicles (small bones that transmit information from the eardrum to the cochlea)
- ❖ Opening to the Eustachian tube

About the size of the end of your little finger or the size of an aspirin

47



The Structure of the Ear

48

49

Tympanometry is not reflective of hearing status!

- ❖ In the presence of permanent sensorineural hearing loss, if the mechanical system is intact and functioning normally, tympanograms that are within normal limits can be expected
- ❖ Children with sensorineural (permanent) hearing loss can have middle ear problems

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How It Works

Probe has 3 openings:

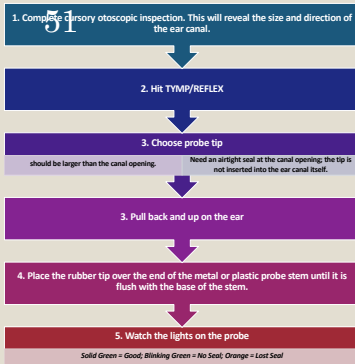
- ❖ Microphone
- ❖ Tone
- ❖ Air

The tympanic membrane (TM) is moved by the air.
Then the microphone measures reflection of sound (tone) reflected back from the TM as the TM is moved

50

51

Performing Immittance



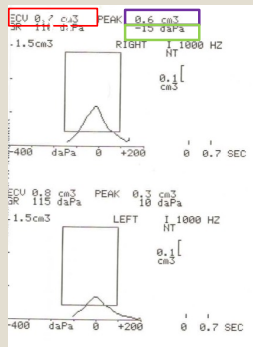
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52

Directions To The Child

- DON'T ASK PERMISSION!
- Did you know your ear draws a picture?
- Let's see what it will draw...a mountain, a snake...
- Juuuuuuust keep talking

52



3 Pieces of Info Needed

- Ear Canal Volume (ml)
- Static Compliance (cm³); SC; Tympanic Membrane Compliance (TMC)
- Pressure (daPa)

53

54

Ear Canal Volume (ECV)

This is the amount of space between the probe tip and wherever the air coming from the immittance probe cannot get any farther.

- ❖ Typically goes up to the eardrum
- ❖ Useful in estimating P.E. tube status; identifying possible perforations or wax occlusions.
- ❖ Important for you to compare the ears. We usually wear the same size shoes on either foot...ears are generally near the same size as well.
- ❖ What is normal volume for kiddos (Refer to Cheat Sheet)

54

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LARGE vs small

Large volume: If measurement in the presence of tubes suggests that the tube(s) is open/patent or that the tube has fallen out leaving a perforation in the tympanic membrane.

Small volume: Indicative of something in front of the tympanic membrane blocking/occluding the canal.

- Most common cause = wax. You may not be able to see the tympanic membrane due to wax, but that doesn't mean its occluded; the air can find a way through you can't see.
- OR... you may be holding the probe tip against the wall of the ear canal.
- If you get a small or large volume, or something not expected DO IT AGAIN.

55

56

Tympanic Membrane Compliance (TMC)

How much the eardrum moves in response to the changing air pressure introduced in the ear canal?

- If there is something behind the TM (i.e. fluid) or in front of the TM (i.e. impacted wax) the movement or compliance of the TM will be reduced
- Also known as static compliance (SC); cm³
- What is Normal compliance for kiddos??

56

57

The Exception to the 0.2 Rule

0.1 WITH an Acoustic Reflex

What is an Acoustic Reflex??

- Built in protection against loud noise
- Stapedial muscle contracts and tightens middle ear system, so less sound gets through

57

58

Middle Ear Pressure (MEP)

The MEP value is the point at which the air pressure on both sides of the tympanic membrane is equal.

- ❖ Measure in decapascals (daPa)
- ❖ Also call Compliance Peak/Peak/Point of Maximum Compliance.
- ❖ What is normal pressure for kiddos??

58

58 Immittance Failure Criteria: ECV

Ranges only!

ECV must be viewed in relationship to compliance and MEP

- ❖ Petite Phillippe
- ❖ Huge Helga

59

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Immittance Failure Criteria: Compliance and MEP

Compliance

- ❖ Greater than or equal 0.2 OR 0.1 AND an AR is present, it is a pass
- ❖ 0.1 and ABSET (NR) AR is a fail

MEP

- ❖ +100 to -250 daPa

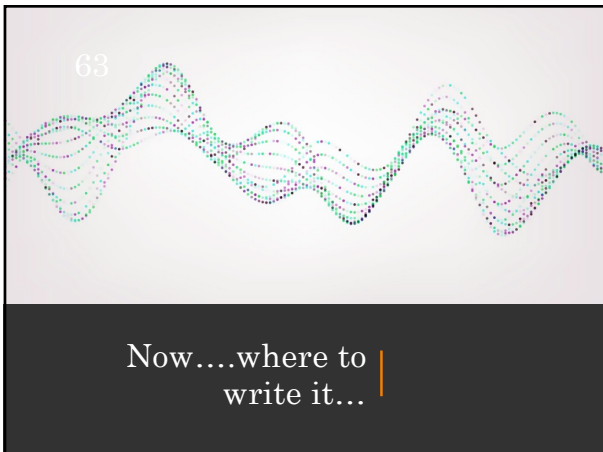
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**You've Seen It...
You've Done
It...**

Now Let's Interpret It!

67

68

Example 1

Initial Screening Results

Age: 4 years

1.

Tympanometry Right

ECV:	0.60 ml
MEP:	N/A dBP
SC:	N/A ml
Crat:	N/A
TW:	N/A dBP
Speed:	400 dPS
Dir:	Neg
AR:	Y <input checked="" type="radio"/> DNT

Tympanometry Left

ECV:	0.57 ml
MEP:	N/A dBP
SC:	N/A ml
Crat:	N/A
TW:	N/A dBP
Speed:	400 dPS
Dir:	Neg
AR:	Y <input checked="" type="radio"/> DNT

68

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Suggests...

- Failed screening

Why

- Normal ECV with no MEP or SC measurement = Eardrum NOT moving

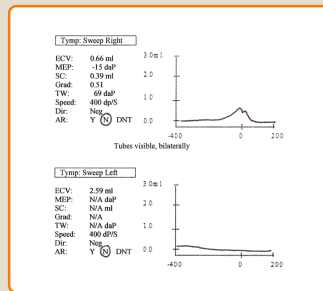
Action

- Rec #3 (Rescreen 4-6 weeks)

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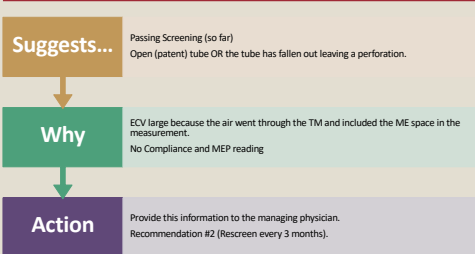
Example 2



- Initial Screening Results
- Age 3 years
- Visible P.E. tube

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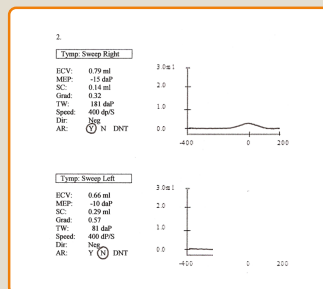
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Example 3



- Initial Screening Results
- ECV normal
- Compliance *seems* low
- MEP is normal
- AR is present

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Suggests...

- Passing Screening (So far...)
- Normal middle ear function.

Why

- Although compliance is somewhat low, a peak is noted AND an acoustic reflex is present.

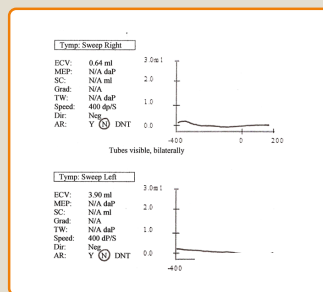
Action

- Recommendation #1 (Rescreen every 12 months).

73

74

Example 4



Rescreen Results

- Visible P.E. tubes
- Normal ECV
- Low compliance (or no value)
- No value for MEP
- AR is absent

74

75

Suggests...

- Failed Screening
- Plugged tube

Why

- Plugged tube
- Weight of the tube in the TM prevents movement of TM

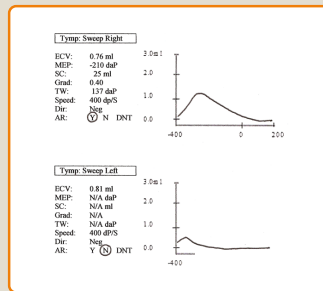
Action

- Rec #4 (Medical referral and rescreen in 4-6 weeks) – IF OAE/Pure tone is passing

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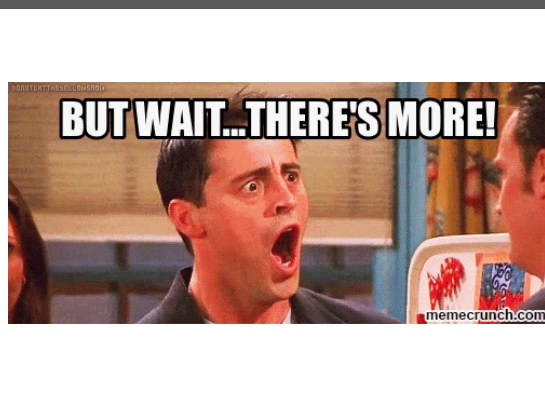
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Example 5

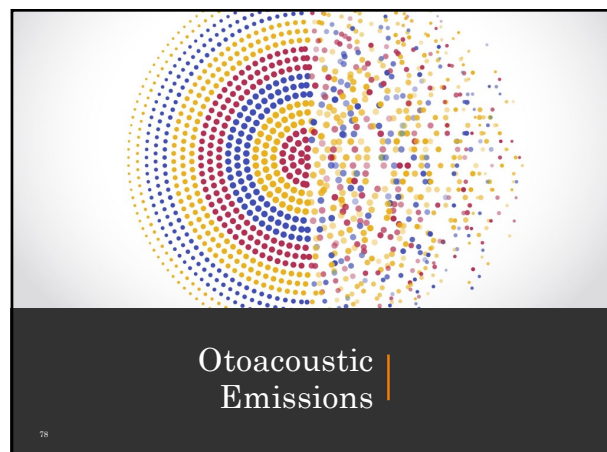


Rescreen Results
– Visible P.E. tubes

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The Point

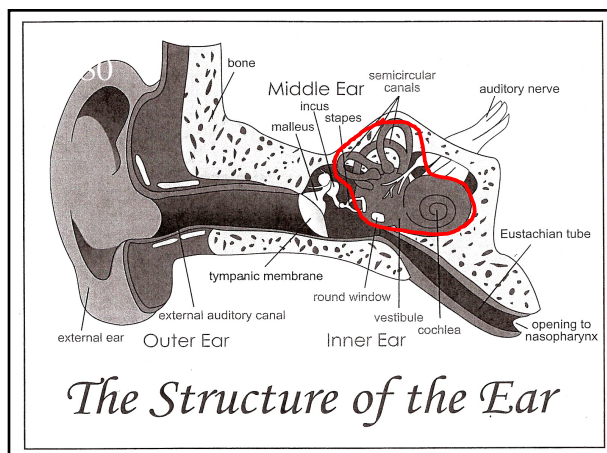
Outer, Middle, and Inner Ear (Cochlea)

- ❖ Cochlea is fluid filled cavity with lots of tiny hair cells

OAEs send clicking sound into ear. If hair cells are functioning normally, they will send an echo back.

Objective Screening

79



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81

Just a PASS or FAIL


If a pass, then the child should have hearing adequate for speech and language development

NOT a true test of hearing

- ❖ Only testing the keyboard
- ❖ Test of cochlear function

81

82



...the ears are the keyboard;
the brain is the hard drive/CPU.

82

83 **How To Perform OAE Screening**

1	Turn on the device
2	Switch On? Hit "YES"
3	Select "Test"
4	Place Probe
5	Select Ear (Right or Left)
6	Let the device do it's thing
7	Green checkmark = Pass
8	Drum = Fail

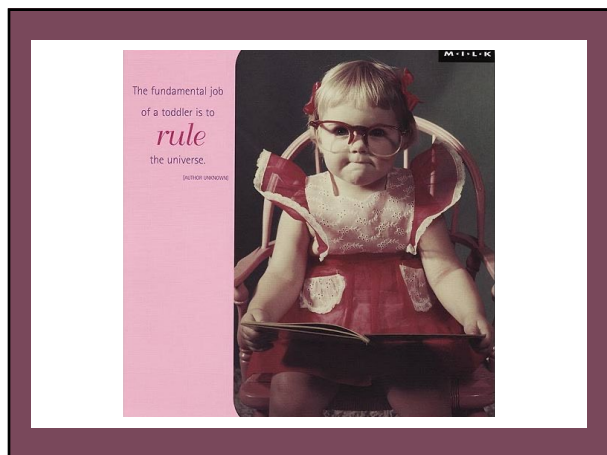
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Remember...

- ❖ OAE **SUPER** sensitive to noise
- ❖ Make sure the probe is big enough to fill the ear hole and stay in place
- ❖ Once probe tip is placed, take away hand
- ❖ Distract the child

84



85

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

***Required Information**
Child's Name: _____ DOB: _____ Gender: ☐ M ☐ F
Screening Location: _____ Phone: _____
Parent/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., < 6 months for intermittent)
CNT = Could Not Test (e.g., hardware/conditioning to test)
CNC = Could Not Condition (e.g., did not understand speech even after repeated attempts)
MSP = Middle Ear Pressure
TSS OAE = Tympanometry and compliance
ECV = Ear canal volume (physical test)
OAE = Otoacoustic emissions

Screening Date	HEARING SCREENING RESULTS				VISION SCREENING RESULTS				Notes
	Ear	Frequency	Intensity	Result	Frequency	Intensity	Result		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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18									
19									
20									

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Hearing level appears adequate for speech/language development at this time.
2. Rescreen in 3 months to monitor previous qualitative (OAEs, hearing level) appear adequate at this time.
3. Rescreen in 6 months.
4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
6. 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)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Prescribe amplification when needed.
6. For parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. For parent report, audiological referral has not been acted upon. Child has not been seen by audiologist.
8. For parent report, medical appointment/follow-up is scheduled, but pending.
9. For parent report, audiological appointment/follow-up is scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Left message asking them to call.
12. Letter sent to parent.
13. Other: _____

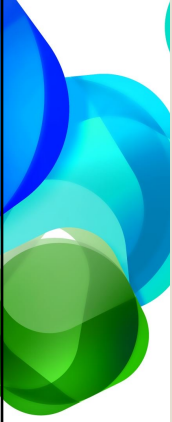
III. Vision Follow-up Recommendations:
(Please choose one based on vision screening result)
1. Passed both eyes, rescreen in 12 months.
2. Did not pass due to correction lenses.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

Updated: 5/26/2020

86



87



The Point

Screens at lower (softer) decibel level (20 dB) than OAEs

Appropriate when a child reaches a developmental age of approximately 3 years

88

89

What Frequencies Do We Test?

- ❖ Screen at **1000 Hz, 2000 Hz, 4000 Hz**
- ❖ Help us identify hearing loss in the frequencies critical for understanding speech
- ❖ Lower frequencies such as 250 and 500 Hz are problematic due to room noise (they may not hear the tone during the screening as the background noise "masks" the tone being presented.
- ❖ 20 dB can identify mild/moderate hearing loss and is appropriate for screening outside a sound booth
- ❖ Recommended by ASHA

89

90

How To Perform Hearing Screening

"We are going to play a fun game!"


Condition the child without headphones

- Hand over hand
- Race
- If they don't get it, move to OAEs

Put headphones on (May have to recondition)

Present at 2000 Hz at 40 dBHL

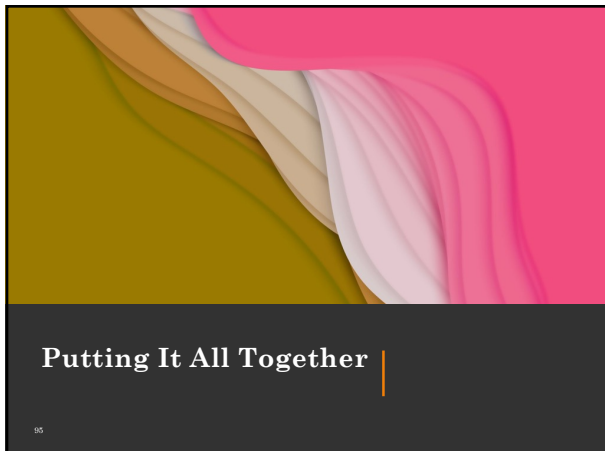
Drop down to 20 dBHL and screen (one presentation per pitch unless you question the response)



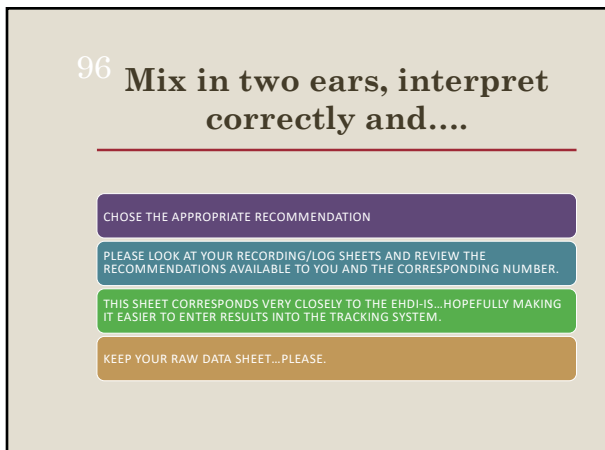
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Contacting Parents

Phone call typically helps to support the form letter

Keep it simple

- ❖ Terms such as immittance and pure tones probably won't be understood

Ask questions about recent colds, allergies, history of ear problems, etc.



100

101

Immittance Fail + PT/OAE Passing	Primary Care Physician referral
Immittance Fail + PT/OAE Fail	PCP referral
Immittance Passing + PT/OAE Fail	Audiologist referral

WHO DO WE REFER TO?

101

102

Referrals from screening results

Whether you are referring to a physician or to an audiologist it will be helpful if they have the screening results (DATA system will generate)

- ❖ Tells them the “what, when, and how long”
- ❖ Faxing/mailling often better than sending with parents
 - This requires parent permission

102

103

Referral to an Audiologist

You should receive a written report from the audiologist

- ❖ Description of type and degree of hearing loss
- ❖ How the hearing loss might impact performance
- ❖ Recommendations (including when/if to return for next audiological evaluation)

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103

104

No matter who you refer to...

You **MUST** follow up

104

105

WHEN IN
DOUBT....FLOW
CHART IT OUT

105

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

***Required Information**
 Child's Name: C. Williams DOB: 3 years-old Gender: M X
 Screening Location: _____ 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., < 6 months for tone)
 CNT = Could Not Test (e.g., behavior/attention)
 CUC = Could Not Condition (e.g., did not understand pure tone hearing game)
 MFP = Middle Ear Pressure
 TM CDMP = Tympanic membrane compliance
 ECV = Ear canal volume (physical exam)
 OAE = Otoacoustic emissions

Screening Date	Ear	IMMITTANCE					PURE TONES					Follow-up Recommendation (see instructions, p. 1-3, see below)	Follow-up to refer (see below)	Screening Status	Vision Screening Results	Tracking
		OTOE	TM CDMP	MFP	Acoustic Reflex	Acoustic Reflex	2,000 Hz	4,000 Hz	8,000 Hz	Pass (P) / Fail (F)	Pass (P) / Fail (F)					
10/24/20	R	OK	NA	NA	NA	NA	F	F	F	F						
	L	OK	NA	NA	NA	NA	F	F	F	F						
	R															
	L															
	R															
	L															
	R															
	L															

I. Follow-up Recommendations:
 (Please choose one based on hearing screening results)
 1. Rescreen in 12 months unless concern arises or a change in hearing is noted.
 Hearing levels appear adequate for speech/language development at this time.
 2. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear adequate at this time.
 3. Rescreen in 4-6 weeks.
 4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
 5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.

II. Follow-up to Medical and/or Audiological Referral:
 (Please choose one for each referral made)
 1. Physician confirmed medical condition.
 2. Physician did not confirm medical condition.
 3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
 4. Audiologist reports hearing within normal limits at all frequencies.
 5. Pressure equalization tubes placed.
 6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
 7. Per parent report, medical referral has not been acted upon. Child has not been seen by audiologist.
 8. Per parent report, medical appointment/follow-up is scheduled, but pending.

III. Vision Follow-up:
 (Please choose one based on vision screening results)
 1. Passed both eyes, rescreen in 12 months.
 2. Child not screened due to corrective lenses.
 3. Refer to Eye Care Physician.
 4. Rescreen in _____ months.
 5. Other: _____

112

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

***Required Information**
 Child's Name: C. Williams DOB: 3 years-old Gender: M X
 Screening Location: _____ 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., < 6 months for tone)
 CNT = Could Not Test (e.g., behavior/attention)
 CUC = Could Not Condition (e.g., did not understand pure tone hearing game)
 MFP = Middle Ear Pressure
 TM CDMP = Tympanic membrane compliance
 ECV = Ear canal volume (physical exam)
 OAE = Otoacoustic emissions

Screening Date	Ear	IMMITTANCE					PURE TONES					Follow-up Recommendation (see instructions, p. 1-3, see below)	Follow-up to refer (see below)	Screening Status	Vision Screening Results	Tracking
		OTOE	TM CDMP	MFP	Acoustic Reflex	Acoustic Reflex	2,000 Hz	4,000 Hz	8,000 Hz	Pass (P) / Fail (F)	Pass (P) / Fail (F)					
10/24/20	R	OK	NA	NA	NA	NA	F	F	F	F						
	L	OK	NA	NA	NA	NA	F	F	F	F						
10/24/20	R	✓	1.0	NA	NA	NA	F	F	F	F						
	L	✓	1.0	NA	NA	NA	F	F	F	F						
	R															
	L															
	R															
	L															

I. Follow-up Recommendations:
 (Please choose one based on hearing screening results)
 1. Rescreen in 12 months unless concern arises or a change in hearing is noted.
 Hearing levels appear adequate for speech/language development at this time.
 2. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear adequate at this time.
 3. Rescreen in 4-6 weeks.
 4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
 5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
 6. 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)
 1. Physician confirmed medical condition.
 2. Physician did not confirm medical condition.
 3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
 4. Audiologist reports hearing within normal limits at all frequencies.
 5. Pressure equalization tubes placed.
 6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
 7. Per parent report, medical referral has not been acted upon. Child has not been seen by audiologist.
 8. Per parent report, medical appointment/follow-up is scheduled, but pending.

III. Vision Follow-up:
 (Please choose one based on vision screening results)
 1. Passed both eyes, rescreen in 12 months.
 2. Child not screened due to corrective lenses.
 3. Refer to Eye Care Physician.
 4. Rescreen in _____ months.
 5. Other: _____

113

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

***Required Information**
 Child's Name: C. Williams DOB: 3 years-old Gender: M X
 Screening Location: _____ 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., < 6 months for tone)
 CNT = Could Not Test (e.g., behavior/attention)
 CUC = Could Not Condition (e.g., did not understand pure tone hearing game)
 MFP = Middle Ear Pressure
 TM CDMP = Tympanic membrane compliance
 ECV = Ear canal volume (physical exam)
 OAE = Otoacoustic emissions

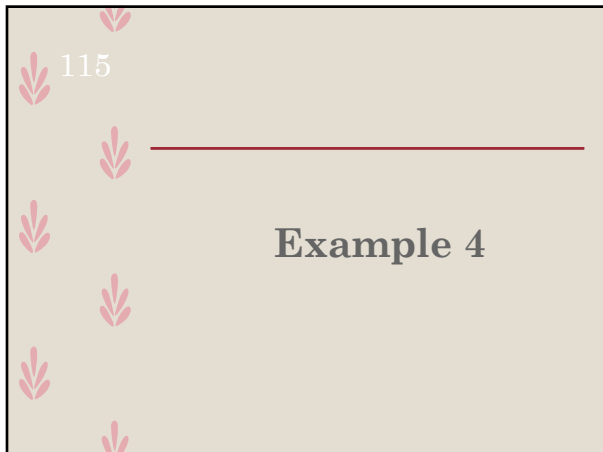
Screening Date	Ear	IMMITTANCE					PURE TONES					Follow-up Recommendation (see instructions, p. 1-3, see below)	Follow-up to refer (see below)	Screening Status	Vision Screening Results	Tracking
		OTOE	TM CDMP	MFP	Acoustic Reflex	Acoustic Reflex	2,000 Hz	4,000 Hz	8,000 Hz	Pass (P) / Fail (F)	Pass (P) / Fail (F)					
10/24/20	R	OK	NA	NA	NA	NA	F	F	F	F						
	L	OK	NA	NA	NA	NA	F	F	F	F						
10/24/20	R	✓	1.0	NA	NA	NA	F	F	F	F						
	L	✓	1.0	NA	NA	NA	F	F	F	F						
	R															
	L															
	R															
	L															

I. Follow-up Recommendations:
 (Please choose one based on hearing screening results)
 1. Rescreen in 12 months unless concern arises or a change in hearing is noted.
 Hearing levels appear adequate for speech/language development at this time.
 2. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear adequate at this time.
 3. Rescreen in 4-6 weeks.
 4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
 5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
 6. 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)
 1. Physician confirmed medical condition.
 2. Physician did not confirm medical condition.
 3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
 4. Audiologist reports hearing within normal limits at all frequencies.
 5. Pressure equalization tubes placed.
 6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
 7. Per parent report, medical referral has not been acted upon. Child has not been seen by audiologist.
 8. Per parent report, medical appointment/follow-up is scheduled, but pending.

III. Vision Follow-up:
 (Please choose one based on vision screening results)
 1. Passed both eyes, rescreen in 12 months.
 2. Child not screened due to corrective lenses.
 3. Refer to Eye Care Physician.
 4. Rescreen in _____ months.
 5. Other: _____

114



115

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

*Required Information
Child's Name: Shane White DOB: 4 years old Gender: M X
Screening Location: _____ Phone: _____
Parent/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., 4-6 months for nonstandard)
CNC = Could Not Test (e.g., behavior/unwilling to test)
CNC = Could Not Condition (e.g., did not understand pure tone hearing game)
MFP = Middle Ear Pressure
No OAE = Tympanic membrane compliance
EDV = Ear canal volume (physical test)
SAC = Ossicular anomalies

Screen Date	Ear	HEARING					PURE TONES		OAE	Follow-up Recommendation (See 1-4, See below)	Follow-up to return to clinic date (see 1-4, See below)	Screening Technician	Audiology Referral Date	Vision Screening Date	Tracking
		EV	ECV	MFP	EDV	SAC									
2/10/20	R	N	1.0	0.4	1.0	1.0									
2/10/20	L	N	1.0	0.5	1.0	1.0									
	R														
	L														
	R														
	L														
	R														
	L														
	R														
	L														

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 32 months unless concern arises or a change in hearing is noted.
2. Hearing levels appear adequate for speech/language development at this time.
3. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear adequate at this time.
4. Rescreen in 4-6 weeks.
5. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
6. Refer to Eye Care Professional (ECP) and rescreen in 4-6 weeks.

II. Follow-up to Medical and/or Audiological Referral:
(Please choose one for each referral made)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, medical referral has not been acted upon. Child has not been seen by audiologist.

III. Vision Follow-up Recommendations:
(Please choose one based on vision screening results)
1. Passed both eyes, rescreen in 12 months.
2. Child not screened due to compliance.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

116

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

*Required Information
Child's Name: Shane White DOB: 4 years old Gender: M X
Screening Location: _____ Phone: _____
Parent/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., 4-6 months for nonstandard)
CNC = Could Not Test (e.g., behavior/unwilling to test)
CNC = Could Not Condition (e.g., did not understand pure tone hearing game)
MFP = Middle Ear Pressure
No OAE = Tympanic membrane compliance
EDV = Ear canal volume (physical test)
SAC = Ossicular anomalies

Screen Date	Ear	HEARING					PURE TONES		OAE	Follow-up Recommendation (See 1-4, See below)	Follow-up to return to clinic date (see 1-4, See below)	Screening Technician	Audiology Referral Date	Vision Screening Date	Tracking
		EV	ECV	MFP	EDV	SAC									
2/10/20	R	N	1.0	0.4	1.0	1.0									
2/10/20	L	N	1.0	0.5	1.0	1.0									
2/10/20	R	N	1.0	0.5	1.0	1.0									
2/10/20	L	N	1.0	0.5	1.0	1.0									
	R														
	L														
	R														
	L														
	R														
	L														

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 32 months unless concern arises or a change in hearing is noted.
2. Hearing levels appear adequate for speech/language development at this time.
3. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear adequate at this time.
4. Rescreen in 4-6 weeks.
5. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
6. Refer to Eye Care Professional (ECP) and rescreen in 4-6 weeks.

II. Follow-up to Medical and/or Audiological Referral:
(Please choose one for each referral made)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, medical referral has not been acted upon. Child has not been seen by audiologist.
8. Per parent report, medical appointment/visit was scheduled, but pending.
9. Per parent report, audiological appointment/visit was scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Did not leave message.
12. Letter sent to parent.

III. Vision Follow-up Recommendations:
(Please choose one based on vision screening results)
1. Passed both eyes, rescreen in 12 months.
2. Child not screened due to compliance.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

117

[illegible]

118

119

Example 5

119

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

*Required Information:
 Child's Name: John T. Smith DOB: 1 year old Gender: M F

Screening Location: _____
 Parents/Caregiver: _____
 Parent/Caregiver Address: _____
 Child's Physician: _____ Permission to send results to physician: Yes ☐ No ☐

If necessary, permission to increase child's hearing time: Yes ☐ No ☐

HEARING SCREENING RESULTS

Screening Date	Ear	COMPOSITE					PURE TONES		OAE	Behavioral Interaction (18-24 mos.)	Behavioral Observation (24-36 mos.)	Response to Sound	Comments	
		EVOKED	EVOKED	EVOKED	EVOKED	EVOKED	EVOKED	EVOKED						
10/28	R	2	5	5	5	5	5	5	5	5	5	5	5	None
10/28	L	2	5	5	5	5	5	5	5	5	5	5		
	R													
	L													
	R													
	L													

VISION SCREENING RESULTS **B. Tracking**

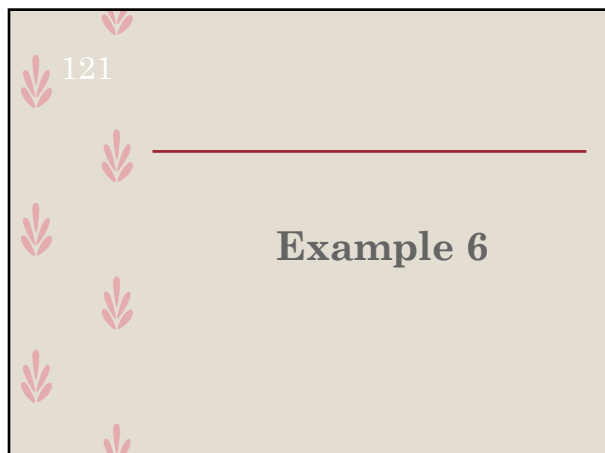
Screening Date	Visual Fixation	Visual Tracking	Visual Search	Visual Discrimination	Visual Memory	Visual Recognition	Visual Association	Visual Problem Solving	Visual Reasoning	Visual Communication	Visual Interaction	Visual Behavior	Visual Response	Visual Comments
10/28	2	5	5	5	5	5	5	5	5	5	5	5	5	None
10/28	L	2	5	5	5	5	5	5	5	5	5	5	5	
	R													
	L													
	R													
	L													

I. Followup Recommendations:
 (Please choose one based on hearing screening results)
 1. Repeat in 3-6 months if results are inconclusive or if child is at risk for hearing loss.
 2. Refer to ENT specialist for further evaluation.
 3. Refer to ENT specialist for further evaluation.
 4. Refer to ENT specialist for further evaluation.
 5. Refer to ENT specialist for further evaluation.
 6. Refer to ENT specialist for further evaluation.
 7. Refer to ENT specialist for further evaluation.
 8. Refer to ENT specialist for further evaluation.
 9. Refer to ENT specialist for further evaluation.
 10. Refer to ENT specialist for further evaluation.

II. Followup to Medical and/or Audiological Referral:
 (Please choose one for each referral made)
 1. Pediatric ophthalmologist referral.
 2. Pediatric ophthalmologist referral.
 3. Pediatric ophthalmologist referral.
 4. Pediatric ophthalmologist referral.
 5. Pediatric ophthalmologist referral.
 6. Pediatric ophthalmologist referral.
 7. Pediatric ophthalmologist referral.
 8. Pediatric ophthalmologist referral.
 9. Pediatric ophthalmologist referral.
 10. Pediatric ophthalmologist referral.

III. Water Referral Recommendations:
 (Please choose one based on vision screening results)
 1. Repeat both eyes in 3-6 months.
 2. Repeat both eyes in 3-6 months.
 3. Repeat both eyes in 3-6 months.
 4. Repeat both eyes in 3-6 months.
 5. Repeat both eyes in 3-6 months.
 6. Repeat both eyes in 3-6 months.
 7. Repeat both eyes in 3-6 months.
 8. Repeat both eyes in 3-6 months.
 9. Repeat both eyes in 3-6 months.
 10. Repeat both eyes in 3-6 months.

120



121

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

***Required Information**
Child's Name: Jo Sawyer DOB: 2 years-old Gender: M X F
Screening Clinic: _____ Phone: _____
Parent/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., < 6 months for immittance)
CMT = Could Not Test (e.g., Amplitude/conditionality to pass)
CNC = Could Not Condition (e.g., did not understand parent's name (e.g., parent))
MSP = Middle Ear Pressure
TTCOM = Tympanic Membrane Compliance
EV = Ear canal volume (if actual size)
OAE = Otoacoustic emissions

Screen Date	Ear	IMMITTANCE					PURE TONES					OAE	Follow-up Recommendations (see instructions)	Follow-up to Referral (include date June 1 - 23, Jan 30)	Screening Results (see instructions)	Parent Report (see instructions)	Vision Screening Results (see instructions)	Tracking (see instructions)
		EV	TTCOM	MSP	Pressure	Amplitude	1,000 Hz	2,000 Hz	4,000 Hz	5,000 Hz	6,000 Hz							
10/10	R	0.10	0.3	0.3	0.3	0.3												
10/10	L	0.10	0.3	0.3	0.3	0.3												
	R																	
	L																	
	R																	
	L																	
	R																	
	L																	

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 12 months unless otherwise advised or change in hearing is noted.
2. Rescreen in 6 months to monitor pressure equalization (PE) tubes. Hearing levels appear development at this time.
3. Rescreen in 4-6 weeks.
4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
6. 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)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. No parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, medical appointment/follow-up is scheduled, but pending.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, medical appointment/follow-up is scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Did not leave message.

III. Vision Referral Recommendations:
(Please choose one based on vision screening results)
1. Passed birth exam, rescreen in 12 months.
2. Child not screened due to incomplete history.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

122

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

***Required Information**
Child's Name: Jo Sawyer DOB: 2 years-old Gender: M X F
Screening Clinic: _____ Phone: _____
Parent/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., < 6 months for immittance)
CMT = Could Not Test (e.g., Amplitude/conditionality to pass)
CNC = Could Not Condition (e.g., did not understand parent's name (e.g., parent))
MSP = Middle Ear Pressure
TTCOM = Tympanic Membrane Compliance
EV = Ear canal volume (if actual size)
OAE = Otoacoustic emissions

Screen Date	Ear	IMMITTANCE					PURE TONES					OAE	Follow-up Recommendations (see instructions)	Follow-up to Referral (include date June 1 - 23, Jan 30)	Screening Results (see instructions)	Parent Report (see instructions)	Vision Screening Results (see instructions)	Tracking (see instructions)
		EV	TTCOM	MSP	Pressure	Amplitude	1,000 Hz	2,000 Hz	4,000 Hz	5,000 Hz	6,000 Hz							
10/10	R	0.10	0.3	0.3	0.3	0.3												
10/10	L	0.10	0.3	0.3	0.3	0.3												
	R																	
	L																	
	R																	
	L																	
	R																	
	L																	

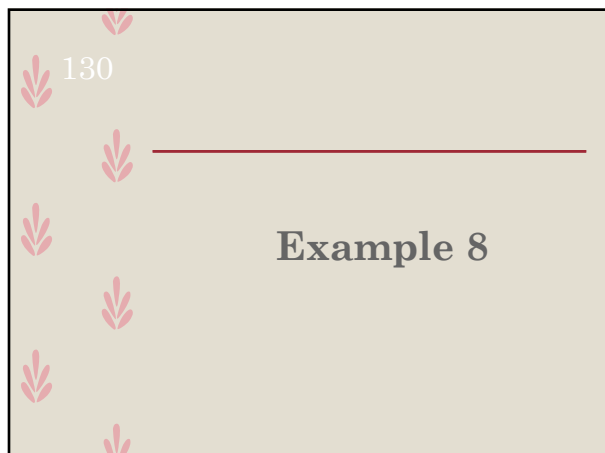
I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 12 months unless otherwise advised or change in hearing is noted.
2. Rescreen in 6 months to monitor pressure equalization (PE) tubes. Hearing levels appear development at this time.
3. Rescreen in 4-6 weeks.
4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
6. 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)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. No parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, medical appointment/follow-up is scheduled, but pending.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, medical appointment/follow-up is scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Did not leave message.

III. Vision Referral Recommendations:
(Please choose one based on vision screening results)
1. Passed birth exam, rescreen in 12 months.
2. Child not screened due to incomplete history.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

123

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130

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

*Required Information
Child's Name: Bella Smith DOB: 5 years-old Gender: M XX
Screening Location: _____ Phone: _____
Parent/Caregiver Address: _____
Child's Physician: _____ Permission to send results to physician: Yes _____ No _____
If necessary, permission to rescreen child's hearing: Yes _____ No _____

LEGEND
DVT = Did Not Test (4-5 frequency for immittance)
CPT = Could Not Test (e.g., behavior/unwilling to test)
CNC = Could Not Conditioning (did not understand pass/fail hearing game)
MNP = Middle Ear Pressure
TV OAE = Tympanic Membrane Compliance
EDS = Ear Canal Reflex (Stapedius Reflex)
OAE = Otoacoustic Emissions

Screening Date	Ear	Otitis Media	IMMITTANCE				PURE TONES		Follow-up to Referral (See Referral Form 1-3, See below)	Screening to Include (See Referral Form 1-3, See below)	A. Vision Screening Results		B. Tracking		Notes	
			DVT	CPT	CNC	MNP	TV OAE	EDS			Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)		
	R		N	10	0	155	95	CNC	NT							
	L		N	09	0	145	105	CNC	NT							
	R															
	L															
	R															
	L															
	R															
	L															
	R															
	L															

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 12 months unless concern arises or a change in hearing is noted.
2. Rescreen in 6 months to monitor progressive deafness (PDS) tubes. Hearing levels appear development at this time.
3. Rescreen in 6-8 weeks.
4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
6. 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)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing was (normal/abnormal, DVT, MNP, CNC, etc.).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Physician evaluation later placed.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, audiologist referral has not been acted upon. Child has not been seen by audiologist.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, audiologist appointment/follow-up is scheduled, but pending.
10. Please call to parent. No answer. Left message asking them to call.
11. Please call to parent. No answer. Did not leave message.

III. Vision Referral Recommendation:
(Please choose one based on vision screening results)
1. Passed both eyes, rescreen in 12 months.
2. Child not screened due to corrective lenses.
3. Refer to the Child's Physician.
4. Rescreen in _____ months.
5. Other: _____

131

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

*Required Information
Child's Name: Bella Smith DOB: 5 years-old Gender: M XX
Screening Location: _____ Phone: _____
Parent/Caregiver Address: _____
Child's Physician: _____ Permission to send results to physician: Yes _____ No _____
If necessary, permission to rescreen child's hearing: Yes _____ No _____

LEGEND
DVT = Did Not Test (4-5 frequency for immittance)
CPT = Could Not Test (e.g., behavior/unwilling to test)
CNC = Could Not Conditioning (did not understand pass/fail hearing game)
MNP = Middle Ear Pressure
TV OAE = Tympanic Membrane Compliance
EDS = Ear Canal Reflex (Stapedius Reflex)
OAE = Otoacoustic Emissions

Screening Date	Ear	Otitis Media	IMMITTANCE				PURE TONES		Follow-up to Referral (See Referral Form 1-3, See below)	Screening to Include (See Referral Form 1-3, See below)	A. Vision Screening Results		B. Tracking		Notes	
			DVT	CPT	CNC	MNP	TV OAE	EDS			Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)	Pass (PT) and Fail (FT)		
	R		N	10	0	155	95	CNC	NT							
	L		N	09	0	145	105	CNC	NT							
	R															
	L															
	R															
	L															
	R															
	L															
	R															
	L															

I. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 12 months unless concern arises or a change in hearing is noted.
2. Rescreen in 6 months to monitor progressive deafness (PDS) tubes. Hearing levels appear development at this time.
3. Rescreen in 6-8 weeks.
4. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
5. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
6. Refer to audiologist and rescreen in 4-6 weeks.

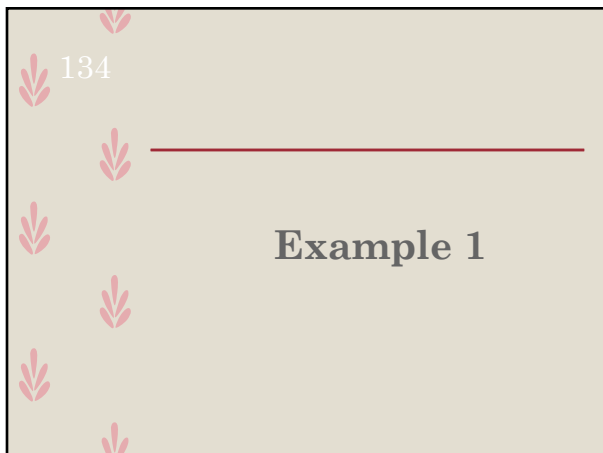
II. Follow-up to Medical and/or Audiological Referral:
(Please choose one for each referral made)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing was (normal/abnormal, DVT, MNP, CNC, etc.).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Physician evaluation later placed.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, audiologist referral has not been acted upon. Child has not been seen by audiologist.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, audiologist appointment/follow-up is scheduled, but pending.
10. Please call to parent. No answer. Left message asking them to call.
11. Please call to parent. No answer. Did not leave message.

III. Vision Referral Recommendation:
(Please choose one based on vision screening results)
1. Passed both eyes, rescreen in 12 months.
2. Child not screened due to corrective lenses.
3. Refer to the Child's Physician.
4. Rescreen in _____ months.
5. Other: _____

132



133



134

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

*Required Information:
Child's Name: AMANDA WATKINS DOB: 5 years old Gender: MY F
Screening Location: _____ Phone: _____
Parent/Caregiver: _____
Parent/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)
COT = Could Not Test (e.g., infant too uncooperative to test)
COC = Could Not Condition (e.g., did not understand simple hearing game)
NRP = Notable ear problem
No OAE = Tympanic membrane compliance
EDV = Ear canal volume (physical exam)
OAE = Otitis with effusion

Hearing Screening Results:										Vision Screening Results									
Screening Date	Ear	Otitoscopy	IMMEDIATES				PURE TONES			OAE	Parental Report (see 1 & 4 for details)	Referral to Rescreen/Refer (see 1 & 4 for details)	Follow-up to Referral (see 1 & 4 for details)	Screening Results	Referral to Rescreen/Refer (see 1 & 4 for details)	Vision Screening Results	Referral to Rescreen/Refer (see 1 & 4 for details)	Tracking	
			EDV	Transmittance	NRP	Comments	1,000 Hz	2,000 Hz	4,000 Hz										
10/14/15	R	✓	0.7	0.4	100	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	L	✓	0.7	0.4	115	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	R																		
	L																		
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1. Follow-up Recommendations:
(Please choose one based on hearing screening results)
1. Rescreen in 12 months unless otherwise noted or change in hearing is noted.
2. Hearing levels appear adequate for speech/language development at this time.
3. Rescreen in 6 months to monitor pressure equalization (PE) tubes. Hearing levels appear developmentally appropriate.
4. Rescreen in 4-6 weeks.
5. Refer to Primary Care Physician (PCP) and rescreen in 4-6 weeks.
6. Refer to Ear Nose and Throat (ENT) physician and rescreen in 4-6 weeks.
7. Refer to Audiologist and rescreen in 4-6 weeks.

11. Follow-up to Medical and/or Audiological Referral:
(Please choose one for each referral made)
1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Prescribe appropriate intervention.
6. Per parent report, medical referral has not been acted upon. Child has not been seen by doctor.
7. Per parent report, audiological referral has not been acted upon. Child has not been seen by audiologist.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, audiological appointment/follow-up is scheduled, but pending.
10. Please call to parent. No answer. Left message asking them to call.
11. Please call to parent. No answer. Did not leave message.

12. Other Follow-up Recommendations:
(Please choose one based on vision screening results)
1. Repeat vision screening in 12 months.
2. Child not screened due to screening.
3. Refer to Eye Care Professional.
4. Rescreen in _____ months.
5. Other: _____

135

137

[illegible]



142



143



144

145

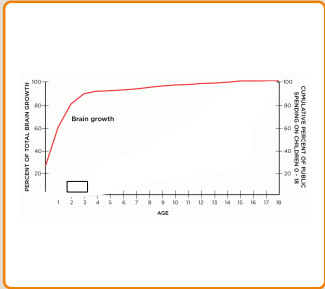
Hearing, Learning,
and Reading

Auditory cortex development plays a
pivotal role in the acquisition of
spoken communication, reading, and
academic skills in children

145

146

Auditory
Input



Brain growth

A baby's brain
grows to 80% of it's
adult size by age
three, and during
that time parent
talk is the most
crucial

146

147



"Now it's time for your hearing
lesson".

147

148

Also...This About This

In the beginning, we provide a redundant signal to kids in many modes (e.g., get out your yellow crayon...)

- ❖ We talk about it
- ❖ We show it
- ❖ And we even help them find the yellow crayon

Around 3rd grade we change things...it gets more complicated...

148


149

Milder degrees of hearing loss may not be problematic for an adult with **good attending skills** and someone who is **wanting to communicate**)

BUT

A 'minimal' hearing loss can sabotage the overall development of a **child** who is in the process of **learning** language

149




Hearing Vs. Understanding

150

150

151


Visual Analogy of Understanding Speech When Hearing is Within “Normal” Limits



151

152


Visual Analogy of Understanding Speech With a “Minimal” (25 dB HL) Hearing Loss



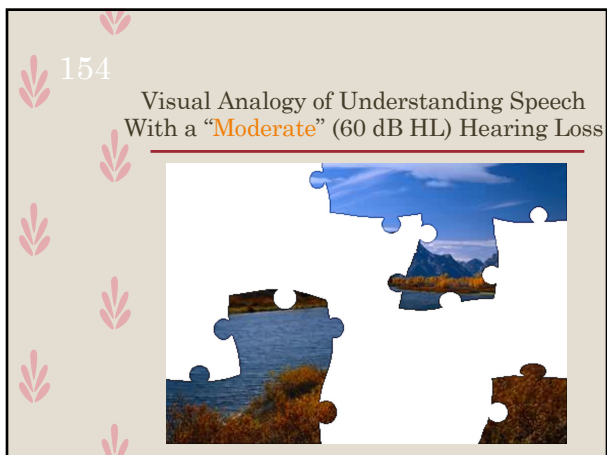
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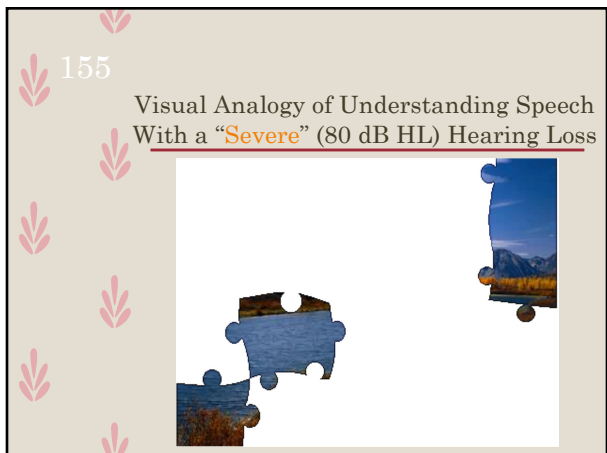
Visual Analogy of Understanding Speech With a “Mild” (40dB HL) Hearing Loss



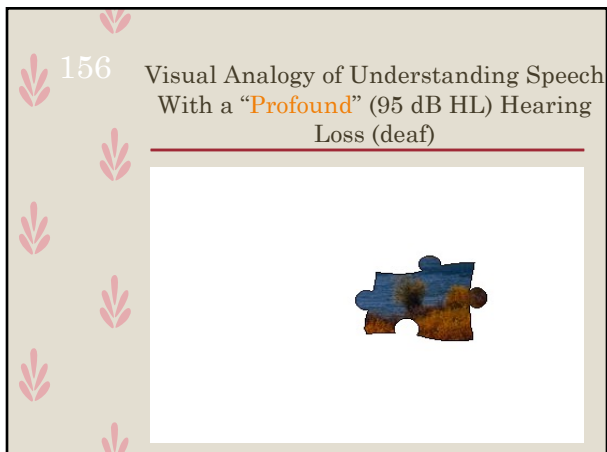
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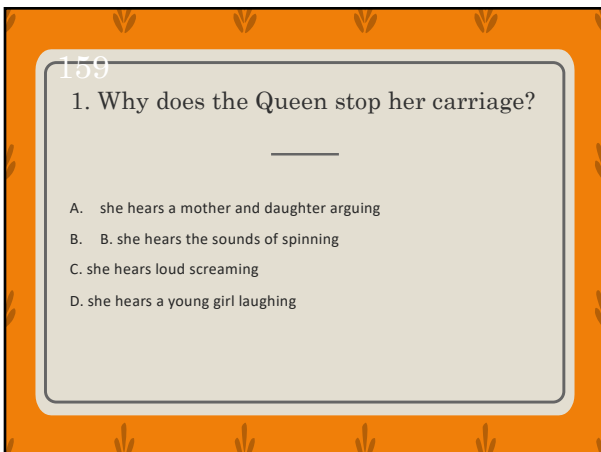
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157



158



159

160

2. What must the maiden do to marry the Queen's eldest son?

- A. spin three rooms full of flax
- B. pay her family's due tax
- C. find the royal family's sacred axe
- D. organize all the linen into tall stacks

160

161

3. Who helps the young maiden?

- A. a woman with an emerald necklace, a woman with a lavender-colored dress and a woman with golden gloves
- B. a woman with an enormous nose, a woman with a large chin and a woman with great big ears
- C. a woman with an enormous thumb, a woman with a large lip and a woman with a great big foot
- D. a woman with a wheel, a woman with a small table and a woman with colorful thread

161

162

4. How must the young maiden refer to the three women who helped her?

- A. as her sisters
- B. as her godmothers
- C. as her cousins
- D. as her aunts

162

163

5. How much wheel-spinning does the Prince claim his lovely bride will do “as long as she lives” during their wedding?

A. she will never do more spinning
B. as much spinning as the Queen requests
C. three rooms worth of spinning every year
D. as much spinning as she so desires

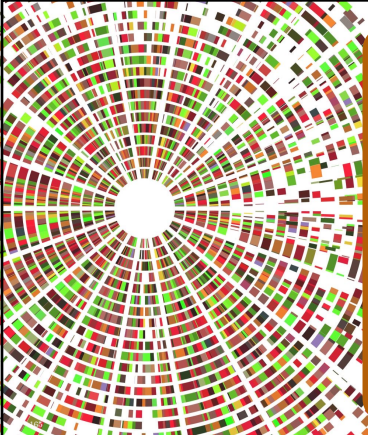
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Time For Reflection

164

164



What is your biggest take away from today?

What will you do differently when completing a hearing screening?

What are you worried about?

What are you excited about?

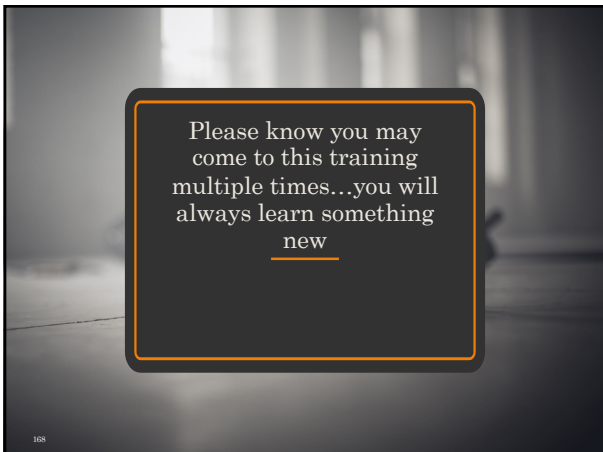
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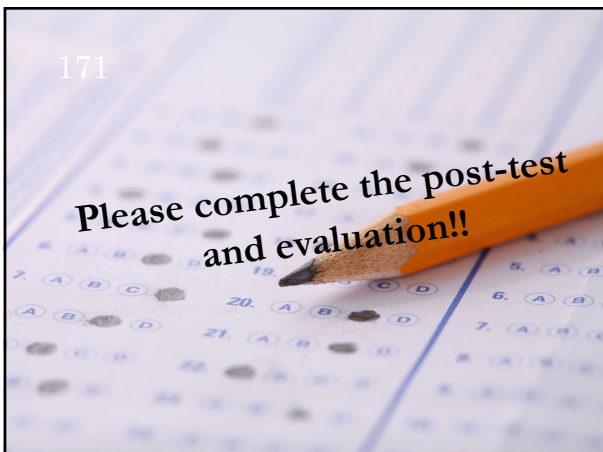
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171



172
