



PART C HEARING SCREENING

Name of Child: _____ Date of Birth: _____
 Name of Person _____ Date Form _____
 Completing Screening: _____ Completed: _____

SECTION 1: PRIOR HEARING SCREENING OR AUDIOLOGICAL EVALUATION

Newborn Hearing Screening Results:

- Pass Pass but at-risk Refer Missed Born outside Virginia, no newborn hearing screening or unknown results

Other Hearing Screening Results (e.g. well-child check):

Date of Screening: _____
 Conducted By: _____
 Screening Procedure Used: _____
 Results (including recommendations for follow-up): _____

Full Audiological Evaluation*:

Date: _____
 Conducted By: _____
 Type of Testing Completed: _____
 Results (including recommendations for follow-up): _____

[*If full audiological evaluation has been completed within the past 6 months and medical/health and developmental screening information indicates no reason for concern about hearing, then skip to Section 5.]

SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

Risk factors present during the neonatal period:

- An illness or condition requiring admission of 48 hours or greater to a NICU;
- Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss;
- Family history of permanent childhood sensorineural hearing loss;
- Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal;
- In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella

Risk Factors that may develop as a result of certain conditions or essential medical interventions in the treatment of an ill child:

- Family history of permanent childhood hearing loss;
- In-utero infections including cytomegalovirus, herpes, toxoplasmosis, or rubella;
- Craniofacial or external ear anomalies



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SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

- Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
- Stigmata of syndromes known to have sensorineural or conductive hearing loss
- Neurofibromatosis Type II
- Persistent pulmonary hypertension associated with mechanical ventilation, hyperbilirubinemia requiring exchange transfusion, or conditions requiring extracorporeal membrane oxygenation (ECMO);
- Neurodegenerative disorders including Hunter Syndrome, Friedreich’s ataxia and Charcot-Marie-Tooth Syndrome;
- Head trauma
- Recurrent or persistent otitis media with effusion for at least 3 months
- Syndromes associated with progressive hearing loss including neurofibromatosis, osteopetrosis, Usher’s Syndrome, Goldenhar Syndrome, Branchio-Oto-Renal Syndrome, CHARGE Association, Pendred Syndrome, Pierre Robin Syndrome, Trisomy 21 (Down) Syndrome, Waardenburg Syndrome, choanal atresia, Stickler Syndrome and Rubinstein-Taybi Syndrome;
- Parental or caregiver concerns about speech, language or hearing

SECTION 3: BEHAVIORAL OBSERVATIONS *(Mark those skills present with a P for parental report or O for observation)*

By 6 months:

- Startles or cries at loud, sudden noises
- Quiets when talked to or with soothing sounds
- Coos
- Makes some sounds
- Turns eyes or head toward source of sound

By 9 months:

- Attends to music or singing
- Makes strings of sounds; babbles (ba-ba-ba, ga-ga-ga)
- Turns head when called from behind
- Stops or pays attention when told “no” or name called

By 12 months:

- Begins to repeat some of the sounds others make
- Responds to own name
- Babbles using variety of sounds and intonation patterns

By 18 months:

- Uses 3 –20 or more words
- Follows simple commands (e.g. “Come here.”)
- Indicates wants/needs with words/vocalizations & gestures

By 24 months:

- Points to some body parts
- Uses 50 – 100 or more words
- Understands 300 or more words
- Enjoys listening to stories
- Begins using 2-word “sentences”

By 36 months:

- Uses 3 to 4-word phrases
- Speaks so understood 50 –75% of time
- Follows 2-stage commands
- Uses 50 – 250 or more words
- Understands most things that are said to him/her



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SECTION 3: BEHAVIORAL OBSERVATIONS (Mark those skills present with a P for parental report or O for observation)

| Notices different sounds (doorbell, phone, etc.)

SECTION 4: HEARING SCREENING PROCEDURES

OAE: Left Ear Pass Refer || Right Ear Pass Refer

Conducted by: _____ Date: _____

ABR: Left Ear Pass Refer || Right Ear Pass Refer

Conducted by: _____ Date: _____

Visual Reinforcement Audiometry: Must be conducted in conjunction with OAE in order to obtain ear-specific results

Conducted by: _____ Date: _____

Results:

Conditioned Play Audiometry: Must be conducted using earphones to obtain ear-specific results.

Conducted by: _____ Date: _____

Results:

SECTION 5: FINDINGS (Please check one.)

- There are no components of the Virginia Part C Hearing Screening that would indicate the need for referral for full audiological evaluation.
- One or more of the components of the Virginia Part C Hearing Screening indicate the need for monitoring of the child's hearing status (please describe recommended frequency and type of monitoring).
- One or more of the components of the Virginia Part C Hearing Screening indicate the need for referral for a full audiological evaluation.