

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  
 Postnatal infections associated with sensorineural hearing loss including bacterial meningitis  
 Stigmata of syndromes known to have sensorineural or conductive hearing loss



Infant & Toddler  
Connection of Virginia

**DBHDS**

Virginia Department of Behavioral Health  
and Developmental Services

April 2024

**SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY**

- 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
- 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.

