**Three-Pronged Approach – PART C PROGRAMS**

**Summary Form: Addressing Vision and Hearing Concerns**

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Caregiver:</td>
<td>Phone:</td>
</tr>
<tr>
<td>FRC/Service Provider:</td>
<td>Primary Care Physician:</td>
</tr>
</tbody>
</table>

The Three-Pronged Approach was developed by

**Washington Sensory Disabilities Services @ Puget Sound ESD - 800 Oakesdale Ave. S.W., Renton, WA 98057**

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### I. PARENT/CAREGIVER INTERVIEW

A. The parent/caregiver has concerns about the child’s vision and/or hearing at this time:  
   - [ ] No  
   - [ ] Yes

   If yes, the concern is related to the child’s:
   - [ ] Vision  
   - [ ] Hearing  
   - [ ] Speech/Language (rule out hearing loss)

B. Describe the concerns regarding the child’s hearing or vision skills development:

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### FAMILY & MEDICAL HISTORY REVIEW:

Please note any factors in child’s family or medical history that might indicate higher risk for hearing/vision impairments:

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### II. DEVELOPMENTAL SKILLS CHECKLIST

(Describe any skills of concern for child’s age)

<table>
<thead>
<tr>
<th>A. Vision Related</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Hearing Related</td>
</tr>
</tbody>
</table>

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### III. OBSERVATIONS

(Describe observations that might indicate higher risk for vision/hearing problems)

Results of InfantSEE evaluation (if applicable):

- [ ] Pass

Comments:

Results of OAE Hearing Screening (if applicable):

- [ ] Pass
  - [ ] Rescreen
  - [ ] Refer

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### SUMMARY:

- [ ] We have no concerns regarding the child’s vision or hearing at this time, based on parent interview, family/medical history review, developmental skills related to vision or hearing, and our joint observations.

- [ ] We have identified high risk factors, signs, and/or observations, as noted above, for:

  - [ ] Vision  
  - [ ] Hearing  

  **Note:** These concerns and a follow-up plan will be addressed in the IFSP.  
  Action taken and results will be discussed at the six-month review.

- [ ] Follow-up option recommended:

  Referral for further evaluation by a pediatric ophthalmologist or pediatric audiologist, following approval of primary care physician.

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Parent/Caregiver Date  
FRC/ Service Provider Date

Copy to: PCP, parent, file

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For questions, call WSDS at: (425) 917-7827 or (800) 572-7000  
[2016]