The Three-Prong Approach: Identifying Hearing and Vision Issues with Birth-to-Three Year Olds

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Kris Ching (CDHL)
Objectives

- Develop familiarity with high risk factors for vision and hearing loss in young children.
- Learn to use parent interview, a developmental skills checklist, and observation to identify children at risk for sensory loss.
- Learn to make appropriate referrals for diagnostic or educational follow up.
Why Do We Screen?

- Early identification of lessens the impact on a child’s development.
- It validates the rest of your developmental screening.
How NOT to Screen

“The parents have no concerns about the child’s hearing or vision.”
Gold Standard Tools for Vision and Hearing Screening

Objective approaches to screening hearing/vision:

- HEARING
  - OAE Screening
- VISION
  - InfantSee
  - Photoscreeners
What IS OAE Screening?

An otoacoustic emission (OAE) is a sound that is generated from within the inner ear.
What are Photo Screeners?

Equipment to screen for eye misalignment, cataracts, farsightedness, nearsightedness, astigmatism or other conditions which cause monocular vision (amblyopia).
An estimated 12% of infants and toddlers enrolled in Part C programs have a hearing loss and/or visual impairment.
Types of Hearing Loss

- Conductive
- Sensorineural
- Mixed
- Auditory Neuropathy
Simulations of hearing loss.
Simulations of Visual Problems

Hyperopia (Farsighted)  Myopia (Nearsighted)
Simulations of Visual Impairments

Cataract

Glaucoma
Macular degeneration

Retinopathy

...And More Simulations to demonstrate field loss
Types of Visual Impairment

- Ocular
- Neurological
- Loss due to acuity
- Loss due to visual fields
Common types of visual conditions that lead to visual impairments:

• Optic Nerve Hypoplasia
• Retinopathy of Prematurity (& other retinal conditions)
• Cataracts
• Glaucoma
• Albinism
• Nystagmus, strabismus, amblyopia
• Structural abnormality (coloboma, microphthalmia...)
Questions or comments before we move on to:

“The 3 Prong Approach”
The Three Prongs

1. Parent Interview
2. Developmental Checklist
3. Observations

Summary Form
The Three Prongs

RISK FACTORS
Passing newborn hearing screening does not rule out a progressive hearing loss!

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<thead>
<tr>
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<tbody>
<tr>
<td>Birth</td>
<td>Age 3 Years</td>
<td>Age 10 Years</td>
<td>By Age 17 Years</td>
</tr>
<tr>
<td>0.3%</td>
<td>0.67%</td>
<td>1.38%</td>
<td>1.8%</td>
</tr>
<tr>
<td>3/1000</td>
<td>7/1000</td>
<td>14/1000</td>
<td>18/1000</td>
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</tbody>
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NOTE: Newborn hearing screening results are valid for ONE YEAR only.
# Categories of Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>NICU</td>
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<tr>
<td>2</td>
<td>Syndrome</td>
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<tr>
<td>3</td>
<td>Family History</td>
</tr>
<tr>
<td>4</td>
<td>Craniofacial Anomalies</td>
</tr>
<tr>
<td>5</td>
<td>In-utero Infections</td>
</tr>
</tbody>
</table>
RISK FACTOR 1. Time Spent in NICU

- Stay in NICU longer than 5 days
- Very low birth weight (<1500 grams or 3.3 lbs.)
- Low Apgar score
- Post-natal infections (e.g., sepsis, bacterial meningitis)
- Exposure to ototoxic drugs (e.g., gentamicin, tobramycin) or loop diuretics (furosemide/Lasix)
- Hyperbilirubinemia requiring exchange transfusion
- Mechanical ventilation for >5 days
- Use of ECMO (extracorporeal membrane oxygenation)
Specific Risk Factors for Cerebral/Cortical Visual Impairment (CVI)

Neurologic Conditions Common in Premature Infants:

- Periventricular leukomalacia (PVL)
- Trauma
- Hypoxic ischemic encephalopathy (HIE)
- Intraventricular hemorrhage (IVH)

Other Risk Factors for CVI:

- Seizure disorders
- Trauma
- Chromosomal or metabolic disorders
- Central nervous system infections (TORCH) or Zika
How CVI is Diagnosed

- Normal eye exam
- Functional use of vision limited and not explained by ocular exam
- History of neurologic condition
- Presence of CVI characteristics, especially:
  - Excessive visual attention to lights or ceiling fans
  - No attention to faces or eye contact
  - No blink or threat reflex
RISK FACTOR 2. Syndromes

Certain syndromes have increased risk for visual impairment and/or hearing loss, for example:

- Alport
- Branchio-Oto-Renal
- CHARGE
- Cornelia de Lange
- Down
- Jervell and Lange-Nielsen
- Marshall
- Neurofibromatosis
- Norrie
- Pendred
- Pfeiffer
- Stickler
- Treacher-Collins
- Turner
- Usher
- Waardenburg
- Wolf-Hirschhorn
RISK FACTOR 3. Family History

- Family history for sensorineural or permanent conductive childhood hearing loss.
- Family history for non-correctable childhood visual impairment.
RISK FACTOR 4. Craniofacial Anomalies and/or Physical Signs

**Hearing Loss:**
- Cleft lip/palate
- Pinna (external ear)
- Ear Canal
- Ear tags or pits
- Temporal bone anomalies
- White forelock
  - Hemifacial microsomia
  - Craniosynostosis

**Visual Impairment:**
- Anomalies in shape, size of eye
- Abnormal appearing iris, pupil
- Droopy eyelid
RISK FACTOR 5. In-utero Infections

TORCH
- Toxoplasmosis
- Other such as syphilis
- Rubella
- Cytomegalovirus (CMV)
- Herpes simplex
- And now... Zika
Other Risk Factors:
Post-Natal, Non-Congenital

- Asphyxia
- Chemotherapy 🚩
- Direct trauma (to the eye and/or ear)
- Encephalitis
- Confirmed bacterial and viral (especially herpes viruses and varicella) meningitis
- Head trauma, especially basal skull/temporal bone fracture 🚩 that requires hospitalization
- Near drowning
- “Shaken Baby Syndrome” (abusive head trauma or non accidental head injury)
Lots of Medical Terms. . .

- Intracranial hemorrhage (brain bleed)
- Cerebral palsy
- Hypoxia (anoxia) Ischemia
- Periventricular Leukomalacia
- Hyperbilirubinemia (jaundice)
- Low birth weight
- NICU
- Prematurity
- Retinopathy of Prematurity (ROP)
- Shaken Baby Syndrome
- TORCH Infection
- . . . and many more
THE NUMBER ONE "RISK FACTOR"
FOR THOSE OF US WORKING WITH INFANTS,
TODDLERS & FAMILIES:

Caregiver concern regarding hearing, speech, language, developmental delay, child’s visual behaviors...
The Three Prongs

1. Parent Interview
What role does a child’s family and medical history play in the Three-Pronged Approach?

Risk Factors for hearing and vision problems: LISTEN AND LOOK.

Read the child’s medical reports!!
I. Parent Interview Questions

Related to Vision and Hearing Concerns

Introduce these questions during first conversations to help alert you to look more carefully at a child’s vision and hearing. A family resources coordinator, parent educator, or other early intervention team member may conduct the parent interview.

1. When was your baby’s last “well baby” check up?

2. How would you describe (child’s name) birth?

3. Did your baby have newborn hearing screening done in the hospital? Did he/she pass? [If not, what happened next?]

4. Has (child’s name) had any ear infections that you know of?

5. Has (child’s name) hearing or vision ever been tested by a doctor? [If yes, when was that and who did the evaluation? What were the results?]
What to listen for in parent interview:

“How would you describe Jason’s birth?”

Listen for any problems: illness or infection in the mother, alcohol/drug use, premature birth, complications causing child to stay in NICU, problems with oxygen or jaundice.
Other things to listen for in parent interview:

“Do you have any concerns about the way Jason looks at you (or at books, or watches TV)?”

Make a note in parent’s or caregiver’s words.

“Do you have any concerns about the way Jason is learning to talk?”

Make a note in parent’s or caregiver’s words.

Important! Any time there is a concern about learning to talk, the child must be referred for hearing testing.
Also make notes if you hear about problems like these during the parent interview or read about them in the child’s medical reports:

Child had:

- Bacterial meningitis or encephalitis
- Head trauma
- Seizures
- High fever
- Severe illness that required a “mycin” drug
For example:

I. Parent Interview:

“Does anyone in your family have a hearing loss or vision problem?”

“My granddad got hearing aids when he was 80, but otherwise, no.”

You would write on parent interview form:

5 ________________________

5 ________________________
And another example:

I. Parent Interview:

“Tell me your concerns about Johnny’s speech.”

“That’s why I’m here! He’s 2-1/2 and only says a few words, and nobody but me can understand him.”

You would write on parent interview form:

5 ________________________________

5 ________________________________
### Three-Pronged Approach

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

| Child’s Name: ____________________________ | Birthdate: ____________________________ |
| Parent/Caregiver: ________________________ | Phone: ________________________________ |
| FRC/Service Provider: ____________________ | Primary Care Physician: ________________ |

#### 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:

#### FAMILY & MEDICAL HISTORY REVIEW:

Please note any factors in child’s family or medical history that might indicate higher risk for hearing loss/ vision impairment‡
Any questions before we move onto the next “Prong”?
The Three Prongs

1. Parent Interview
2. Developmental Checklist
### Three-Pronged Approach

#### II. Developmental Skills Checklist

<table>
<thead>
<tr>
<th>SEEING: Does the Child…</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIRTH TO 3 MONTHS OLD:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Look at your face? (briefly looking by 1 month old)</td>
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<tr>
<td>• Imitate your smile? (2 mo.)</td>
<td></td>
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<tr>
<td><strong>BY 3 TO 6 MONTHS OLD:</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Smile at others?</td>
<td></td>
<td></td>
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<tr>
<td>• Look at own hands?</td>
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<tr>
<td>• Watch you as you enter or cross the room? (from 6 feet away)</td>
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<tr>
<td>• Reach out and bat at objects</td>
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<tr>
<td><strong>BY 6 TO 12 MONTHS OLD:</strong></td>
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<tr>
<td>• Try to reach out and grasp at toys or other objects? (6 mos.)</td>
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<tr>
<td>• Notice something small (Ex: raisin) when 12 inches from him? (6 mos.)</td>
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<tr>
<td>• Try to move toward an object that is at least 5 feet away? (7 mos.)</td>
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<tr>
<td>• Pick up or attempt to pick up a cheerio, raisin, or lint? (8 mos.)</td>
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<tr>
<td>• Imitate movements or actions of another person on a toy? (9 mos.)</td>
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<tr>
<td>• Stare at or try to grab your jewelry or glasses? (9 mos.)</td>
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<tr>
<td>• Look for dropped toy? (9 mos.)</td>
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<tr>
<td>• React to facial expressions of others (Ex: frowns, smiles, funny faces)? (10-12 mos.)</td>
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<tr>
<td><strong>BY 12 - 24 MONTHS OLD:</strong></td>
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<tr>
<td>• Show an interest in picture books? (12 mos.)</td>
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<tr>
<td>• Imitate scribbling? (8-15 mos.)</td>
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<tr>
<td>• Reach into a container and pull objects out easily? (12-18 mos.)</td>
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<tr>
<td><strong>BY 24 - 36 MONTHS OLD:</strong></td>
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<tr>
<td>• Imitate crayon stroke? (24-30 mos.)</td>
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<tr>
<td>• Copy circle made by another person?</td>
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</tr>
<tr>
<td>**HEARING: Does the Child…</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>BIRTH TO 3 MONTHS OLD:</strong></td>
<td></td>
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<tr>
<td>• Startle or jump when there is a sudden loud sound?</td>
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<tr>
<td>• Stir or awaken from sleep, or cry, when someone talks or makes a loud noise?</td>
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<tr>
<td>• Recognize and get comforted by a familiar voice?</td>
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<tr>
<td><strong>BY 3 TO 6 MONTHS OLD:</strong></td>
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<tr>
<td>• Turn his or her eyes to look for an interesting sound?</td>
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<tr>
<td>• Respond to mother's or other caregiver's voice?</td>
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<tr>
<td>• Turn eyes forward when his or her name is called</td>
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<tr>
<td><strong>BY 6 TO 12 MONTHS OLD:</strong></td>
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<tr>
<td>• Turn toward an interesting sound or toward caregiver when his or her name is called from behind?</td>
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<tr>
<td>• Search or look around when new sounds are present?</td>
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<tr>
<td>• Understand &quot;no,&quot; &quot;mommy,&quot; &quot;bye bye,&quot; and similar common words?</td>
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<tr>
<td>• Participate in vocal play with parents, experiment with different speech and non-speech sounds? (9 mos.)</td>
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<tr>
<td>• Babble in speech-like strings of single syllables? (Ex. &quot;da da da,&quot; &quot;ga ga&quot;) (10 mos.)</td>
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<tr>
<td><strong>BY 12 - 24 MONTHS OLD:</strong></td>
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<tr>
<td>• Say one or more real, recognizable words? (12 mos.)</td>
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<tr>
<td>• Put words together? (Ex: mommy shoe, big boat) (18 mos.)</td>
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<tr>
<td>• Use at least 50 words? (24 mos.)</td>
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<td><strong>BY 24 - 30 MONTHS OLD:</strong></td>
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<tr>
<td>• Follow two requests combined? (Ex. &quot;Get...the ball and put it on the table.&quot;) (24-30 mos.)</td>
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<tr>
<td>• Understand conversation easily?</td>
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<tr>
<td>• Hear when you call from another room?</td>
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<tr>
<td>• Point to objects in a book when they are named?</td>
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<tr>
<td>• Say the following sounds clearly: P, B, M, K, G, W, H, N, T, D?</td>
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<tr>
<td>• Use three-word sentences?</td>
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<tr>
<td><strong>Color Identification:</strong></td>
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<tr>
<td>• Match two items that are the same color? (24-32 mos.)</td>
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<tr>
<td>• Sort items by color? (36 mos.)</td>
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<td></td>
</tr>
<tr>
<td>• Point to a color when asked? (36-42 mos.)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Object to Picture Matching and Picture Identification:</strong></td>
<td></td>
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<tr>
<td>• Use past tense verbs? (Ex. walked, batted, fished, ran)</td>
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</table>
## II. Developmental Skills Checklist

<table>
<thead>
<tr>
<th>Vision-Related Skills</th>
<th>Hearing-Related Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth to 3 months</strong></td>
<td><strong>Birth to 3 months</strong></td>
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<tr>
<td><strong>By 3 to 6 months</strong></td>
<td><strong>By 3 - 6 months</strong></td>
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<tr>
<td><strong>By 6 - 12 months</strong></td>
<td><strong>By 6 - 12 months</strong></td>
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<tr>
<td><strong>By 12 - 24 months</strong></td>
<td><strong>By 12 - 24 months</strong></td>
</tr>
<tr>
<td><strong>By 24 – 36 months</strong></td>
<td><strong>By 24 - 30 months</strong></td>
</tr>
<tr>
<td></td>
<td><strong>By 30 - 36 months</strong></td>
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</tbody>
</table>
An example:

II. Developmental Skills Checklist:
(child is 10 mos. old)

“Pick up or attempt to pick up a cheerio, raisin, or lint?” (8 months)

“He won’t pick up cheerios on his high chair tray. Colored Trix work better.”

You would write on Developmental Skills Checklist form:

5 ______________________________
5 ______________________________
5 ______________________________
5 ______________________________
5 ______________________________
And another example:

II. Developmental Skills Checklist:
(child is 12 mos. old)

“Babble in speech-like strings of single syllables?” (10 mo.)

“She makes sounds like ‘aaa,’ but not the ‘bababa’ type of babbling.”

You would write on the Developmental Skills Checklist Form:

5

5

5

5

5
Three-Pronged Approach
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>

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:

II. MEDICAL HISTORY REVIEW: Please note any factors in child’s medical history that might indicate higher risk for hearing/vision impairments:

III. DEVELOPMENTAL SKILLS CHECKLIST
     (Describe any skills of concern for child’s age)
     A. Vision Related

     B. Hearing Related

     Results of InfantSEE evaluation (if applicable):
     ☐ Pass ☐ Comments:

     Results of Newborn Hearing Screening (if applicable):
     ☐ Pass ☐ Rescreen ☐ Refer

SUMMARY:
☐ We have no concerns regarding the child’s vision or hearing at this time, based on parent interview, 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.

[Parent/Caregiver] [Date] [FRC/Service Provider] [Date]
Copy to: PCP, parent, file
Any questions before we move onto the next “Prong”? 
The Three Prongs

1. Parent Interview
2. Developmental Checklist
3. Observations
Three-Pronged Approach

III. Observations: What to Look For

Things that May Mean a Vision or Hearing Problem in Young Children

<table>
<thead>
<tr>
<th>Differences in How Eyes Look:</th>
<th>Differences in How Face or Ears Look:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drooping eyelid</td>
<td>• Cleft lip and palate</td>
</tr>
<tr>
<td>• One eye slightly higher or lower than the other eye</td>
<td>• Head or neck have malformations</td>
</tr>
<tr>
<td>• Obvious differences in the shape or structure of the eyes</td>
<td>• Ears are malformed, or there may be no opening at ear canal</td>
</tr>
<tr>
<td>• Pupil of the eye is not round, clear, black</td>
<td>• Frequent earaches or ear infections</td>
</tr>
<tr>
<td>• White of the eye is red and sore looking</td>
<td>• Discharge from the ears</td>
</tr>
<tr>
<td>• Eyes are watery even when baby is not crying</td>
<td></td>
</tr>
<tr>
<td>• Baby is very sensitive to bright light and squints, closes eyes, or turns away from it</td>
<td></td>
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</tbody>
</table>

**Unusual Eye Movements:**

• Eyes move in jerky way back and forth, or up and down
• Eyes do not move together
• Eye turns inward or outward after 4 to 6 months of age

**Unusual Gaze or Head Positions**

• Tilts or turns head in certain way when looking at an object
• Holds object close to eyes
• Seems to be looking beside, under, or above the person or object

**Absence of Visual Behaviors**

• No eye contact by 3 months
• Does not look at objects, or follow moving objects, by 3 months

**Unusual Listening Behaviors:**

• Few or inconsistent responses to sounds
• Does not seem to listen
• Does not turn when name is called
• Notices certain types of sounds more than others

**Unusual Vocal Development**

• Does not make a lot of different sounds
• Voice sounds different; can’t make certain speech sounds
• Is behind in talking (no spoken words at 15 months; fewer than 50 words at 24 months)

**Other Behaviors**

• Pulls on ears or puts hands over ears
• Breaths through mouth
• Cocks head to one side

III. Observations: What to Look For

Your observation begins the minute you meet a child and family for the first time. You are watching for:

• how the ears, eyes, head, and neck look
• how the child uses his vision or hearing
• evidence of developmental skills that are connected to hearing and vision
Differences in How Eyes Look

☐ Drooping eyelid; one eye slightly higher or lower
☐ Obvious differences in shape or structure of eye
☐ Pupil is not round, clear, or black
☐ Eyes are red, sore looking, matted or watery
Unusual Eye Movements:

☐ Eyes move in jerky way back and forth or up and down (“nystagmus”)

☐ Eyes do not move together

☐ Eye turns inward or outward (after 4 - 6 mos. old)
Unusual Gaze or Head Positions:

☐ Tilts or turns head when looking at an object

☐ Holds object close to eyes

☐ Seems to be looking beside, under, above object

☐ Baby is sensitive to bright light and squints, closes eyes, or turns away from it

☐ Gazes directly into bright light (light gazing)*

*Often seen in children with cortical visual impairment (CVI)
and Absence of Visual Behaviors:

☑ No face-to-face eye contact by 3 months*

☑ Does not look at objects or follow moving objects by 3 months

☑ Does not blink when touched at bridge of nose*

*Often seen in children with cortical visual impairment (CVI)
Differences in How Ears Look

☐ Head or neck have malformations (e.g., cleft lip)
☐ Ears are malformed, or no ear canal opening
☐ Frequent ear aches or ear infections
☐ Discharge from the ears
Ears look “different” (1)

Normally developed outer ear (pinna)

Abnormal size, shape, rotation and/or location of pinna
Ears look “different” (2)

Photos by Janelle Aby, M.D.
(Downloaded 2/26/11 from http:\\newborns.stanford.edu/PhotoGallery)
Pits or skin tags in front of ear

Photos by Janelle Aby, M.D.
(Downloaded 2/26/11 from http://newborns.stanford.edu/PhotoGallery)
Unusual Listening Behaviors

☐ Few or inconsistent responses to sounds
☐ Does not seem to listen
☐ Does not turn when name is called
☐ Notices certain types of sounds more than others (might turn to Dad’s voice but not to Mom’s)
Speech is “different” or child is behind in talking

☐ Doesn’t make a lot of different sounds

☐ Voice sounds “different”

☐ Is behind in talking: no spoken words at 15 months; fewer than 50 words at 24 months)
Some Other Behaviors You May Observe

- Pulls on ears, puts hands over ears.
- Breathes through the mouth.
- Cocks head to one side.
<table>
<thead>
<tr>
<th>Three-Pronged Approach</th>
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<td><strong>Summary Form: Addressing Vision and Hearing Concerns</strong></td>
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<tr>
<td>FRC/Service Provider:</td>
<td>Primary Care Physician:</td>
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### I. PARENT/CAREGIVER INTERVIEW
- 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)
- Describe the concerns regarding the child’s hearing or vision skills development:

### MEDICAL HISTORY REVIEW:
Please note any factors in child’s medical history that might indicate higher risk for hearing/vision impairments:

### II. DEVELOPMENTAL SKILLS CHECKLIST
(Describe any skills of concern for child’s age)

#### A. Vision Related

#### B. Hearing Related

### III. OBSERVATIONS
(Describe observations that might indicate higher risk for vision/hearing problems)

- Results of InfantSEE evaluation (if applicable):
  - Pass
  - Comments:
- Results of Newborn Hearing Screening (if applicable):
  - Pass
  - Rescreen
  - Refer

### SUMMARY:
- We have no concerns regarding the child’s vision or hearing at this time, based on parent interview, 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.

- [Parent/Caregiver]  [Date]  [FRC/Service Provider]  [Date]

Copy to: PCP, parent, file
The Three Prongs

1. Parent Interview
2. Developmental Checklist
3. Observations

Summary Form
Summary Form can help:

❌ Organize possible concerns in one place

❌ Document a plan for follow-up

❌ Back up a referral to the primary care physician (PCP)

❌ Document that the child’s hearing and vision have been screened
## Three-Pronged Approach

### Summary Form: Addressing Vision and Hearing Concerns

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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:

## II. DEVELOPMENTAL SKILLS CHECKLIST

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

A. Vision Related

B. Hearing Related

## III. OBSERVATIONS

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

Results of InfantSEE evaluation (if applicable):
- □ Pass □ Comments:

Results of Newborn Hearing Screening (if applicable):
- □ Pass □ Rescreen □ Refer

## SUMMARY:

- □ We have no concerns regarding the child’s vision or hearing at this time, based on parent interview, 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.

[Parent/Caregiver] [Date] [FRC/Service Provider] [Date]

Copy to: PCP, parent, file
Next Steps:

**Medical Follow Up**

1. Referral to PCP
2. Referral to specialist

- For hearing: Consult “Audiology Clinics for Infants” for a list of audiologists, who meet the Dept. of Health criteria, for a full hearing examination.

- For vision: Consult local resources to find a pediatric ophthalmologist or optometrist for a full eye examination.

**Educational Follow Up**

- For hearing: Consult the teacher of the deaf or hard of hearing for EI services, or Kris at CDHL for technical assistance.

- For vision: Consult the teacher of the visually impaired for EI services, or DeEtte at WSSB for technical assistance.
Concerns About Vision?

DeEtte Snyder (WSSB)
DeEtte.Snyder@wssb.wa.gov
(360) 947-3305
Concerns about Hearing?

Kris Rydecki Ching
kris.ching@cdhl.wa.gov
1-855-342-1670
Concerns about Both Vision and Hearing?

Katie Humes
Khumes@pseisd.org
1-800-572-7000
(or)
(425) 917-7828