

Hearing Screening Requirements and Guidelines

Ohio
Department of Health
2015



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Hearing Screening Requirements and Guidelines for School-aged Children

Introduction to Hearing Screening Policies for Children

Hearing loss in school children may interfere with normal speech and language development and with the ability to learn. Even mild or unilateral hearing losses may be educationally significant. Regular school hearing screenings are an important method of identifying children who are at risk for hearing loss. Early detection and treatment of hearing disorders provide children the best opportunity to develop academically, emotionally and socially.

Hearing loss caused by exposure to recreational and occupational noise results in a devastating disability that is virtually 100 percent preventable. With the increased use of personal listening devices (smartphones, Ipods, MP3 players), there are incidental reports from audiologists and school nurses that younger children seem to be showing signs of having noise-induced hearing loss (NIHL) that are not being detected by school hearing screenings. The incidence of NIHL and tinnitus can be reduced by changing the knowledge, attitudes, and behaviors about sound exposures.

The Ohio Department of Health (ODH) stresses that a hearing screening, while a valuable public health procedure, is not a substitute for a complete audiological/medical examination; however, to further ensure children with hearing disorders are detected early, programs utilizing regulated and supervised screening procedures have become essential.

The Ohio Revised Code gives ODH the authority to institute specific testing procedures, grades and forms that are used in the school hearing screening program. The appendix contains a complete text of state laws pertaining to hearing screening programs. ODH's policies governing hearing screening programs were reviewed by the Ad Hoc Hearing Advisory Committee and their recommendations are implemented into this policy.

Hearing Screening Goals of the Ohio Department of Health

The ODH goals of a school hearing screening program are:

- Early detection and identification of hearing loss in children.
- Access to professional care for all children suspected of having a hearing loss, regardless of financial limitations.
- Education for children and their parents/caregivers about the sources and consequences of dangerous sounds, as well as how to protect themselves from dangerous sounds.

The activities of a school hearing screening program that are necessary to accomplish the goals as listed above are:

- Perform hearing screenings according to ODH's guidelines.
- Notify parent/caregiver prior to child's hearing screening.
- Notify parent/caregiver of the child's hearing screening results and the need for further medical/audiological examination; if necessary.
- Provide referral assistance to hearing professionals.
- Follow-up with parent/caregiver to make sure child has received medical/audiological examination.
- Inform educational staff of the student's hearing screening results.
- Report hearing screening data annually to ODH by June 1.

Summary of State Laws Pertaining to Hearing Screening

- If the board of education or the board of health offers services by a physician or a nurse in the school, it must provide hearing screenings for students in accordance with the requirements set forth by ODH (section 3313.69 of Ohio Revised Code).
- By Nov. 1 of the year a student is enrolled for the first time in either kindergarten or first grade, the student must be given a hearing screening in accordance with the requirements set forth by ODH (Section 3313.673 of the Ohio Revised Code). The board of education may provide any of the elements of the screening program itself, contract with any person or governmental entity to provide any such elements or request that parent/caregiver take the child to obtain any such elements from a provider selected by the parent/caregiver.
- Boards of education and boards of health, in providing hearing screenings, must use devices and procedures approved by ODH. The procedures for conducting screenings include, but are not limited to, age or grade levels to be screened, frequency and intensity of tones to be used and criteria for referral (section 3313.69 of the Ohio Revised Code).
- Boards of education and boards of health that provide hearing screening must keep accurate records of the tests and of the measures taken to treat problems identified through the screening on forms furnished or approved by ODH (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to state and local health, education and human service departments and agencies statistical data from the records of the hearing screenings (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to the same agencies listed in the paragraph above individual records only in cases where there is evidence that no measures have been taken to treat problems determined by the screenings (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to school authorities individual records in cases where they are deemed essential in establishing special education facilities for the hearing impaired (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must report the screening results in a sealed envelope addressed to the parent/caregiver (section 3709.22 of the Ohio Revised Code). Appendix A contains a complete text of these sections of the Ohio Revised Code.
- Boards of education and boards of health should support student and operational support services that support student progress toward meeting educational performance objectives and are designed to create an educational environment conducive to effective teaching and learning (rule 3301-35-06 of the Ohio Administrative Code).

- Boards of health are to make the examination, report, and any recommendations that result from the examination available to parent/caregiver (section 3313.73 of the Ohio Revised Code).
- Boards of education and boards of health need to make appropriate referrals for follow-up after a child fails a hearing screening (rule 4753-6-01 of the Ohio Administrative Code).

Screening by Hearing Care Professionals

Hearing screenings for children may be conducted by:

- Physicians.
- Audiologists.
- Audiology aides only under the supervision of an audiologist (Licensing Law 4753.072 of the Ohio Board of Speech-Language Pathology and Audiology).
- Speech language pathologists.
- Speech language pathology aides only under the supervision of a speech language pathologist (Licensing Law 4753.072 of the Ohio Board of Speech- Language Pathology and Audiology).
- Registered Nurses (RNs).
- Nurses may delegate hearing screening to trained unlicensed personnel in accordance with the Standards of Delegation defined in the Ohio Administrative Code (OAC) 4723-13.

An opinion rendered by ODH's legal counsel in 1991 concluded that professionals who provide hearing screening services to schools, whether as volunteers or contract personnel, must follow the testing requirements and methodologies that are approved by ODH.

Preparation of Hearing Screening Personnel

It is required that all personnel providing hearing screening have adequate instruction. ODH's audiologist provide hearing training for screeners. Training information can be found at the ODH website, www.odh.ohio.gov/odhprograms/cfhs/hvscr/hv_trg.aspx or call (614) 466-1995. All training obtained must be in compliance with the requirements outlined in this document.

Hearing Screening Guidelines and Referral Criteria

Hearing screening is an effective method of identifying children at risk for hearing loss. Screening programs should stress that screening is not a diagnostic hearing evaluation and will not detect all hearing problems. For the benefit of the children being screened, errors toward false positives (i.e., over-referrals) are preferred. Parents/caregivers of children screened should be informed of the *limitations of the screening*. Routinely, referrals should be made only following a second screening. In general, some children will pass the second screening, reducing the over-referral rate.

Children to be Screened

Preschool children:

Preschoolers attending a school-based program shall be screened each year he/she is enrolled in preschool. Children who cannot be screened using approved and/or optional methods shall be referred for a complete medical/audiological evaluation.

School-aged children in traditional classes:

School-aged children shall be screened at six grade levels: kindergarten, first, third, fifth, ninth and eleventh. Students may be screened in additional grade levels.

In addition, the following school children shall be screened annually or upon occurrence:

- Students new to a school (and not tested within the past 12 months).
- Students referred by a teacher or other school personnel.
- Students who were referred within the past year with no documented follow-up, regardless of grade.
- Students absent during the previous hearing screening.
- Students at risk for noise exposure (e.g., band, vocational education, industrial education, automotive mechanics).
- Students who request a hearing screening.
- Students whose parent/caregiver request a hearing screening.

Children in special education classes:

Students in special education classes shall be screened at the ages that correspond to the grade levels required for all students (preschool, kindergarten, first, third, fifth, ninth, and eleventh). These children should remain in the screening program due to a higher risk of undetected hearing loss and may be candidates for optional OAE testing and tympanometry screening. If the student cannot be screened, he/she should be referred for a complete medical/audiological evaluation.

Children who should not be included in the school hearing screening program include the following:

- Students who wear hearing aids.
- Students who have a cochlear implant.
- Students with known hearing loss including sensorineural and progressive hearing loss.
- Parent/caregiver refusal. (Must have a written letter of refusal for every year of testing in child's health record from parent/caregiver.)
- For children who should not be included in the school hearing screening program, follow-up with parent/caregiver is important to ensure the child is under the care of a primary care provider or audiologist. (Documentation of a current hearing test within the past year should be in the child's file.)

Required Screening Procedures

Observation:

The screener shall note on the hearing screening form any student reported symptoms

- Not hearing well.
- Hearing better out of one ear than the other.
- Ear pain or tenderness.

Direct observation of the following

- Discharge from a child's ear canal.
- Complaining of ear pain/discomfort.
- Soreness or tenderness in or about the ears.
- Foul odor from ear.

Referral

- A child who has any of the conditions listed in direct observation shall be **referred immediately** for a medical/audiological evaluation and should not proceed with hearing screening.

Pure-tone Screening:

Equipment

- Hand-held pure-tone equipment, automatic pure-tone equipment and standardized speech (picture) testing equipment are not approved for use in school hearing screenings.
- Pure-tone equipment shall meet the appropriate current standards by the American National Standards Institute (ANSI).
- Variable intensity attenuator ranging from 0 dB to 80 dB.
- Binaural headset.

Preparation

- Plug the audiometer into an outlet, making sure it does not cause a tripping hazard.
- Turn the power switch to the "on" position.

- Place the tone switch in the “pulse” position, if available.
- Verify annual calibration of the audiometer.
- Check the audiometer to see if it is working properly. If it is not, do not use it until it has been repaired.
 - While wearing the ear phones, the tester (or a person known to have normal hearing) should be able to hear the tones at the screening levels.
 - All levers and controls should operate smoothly and be free of any extraneous noises. With the earphones on, listen for a smooth increase and decrease of the sound.
 - The earphone cords should be free from breaks. To check for breaks in the cords, shake the cord and listen for interruptions in the signal. Do this for each earphone separately.
 - When checked, the signal should switch properly from the right earphone to the left earphone.
 - The earphone cushions must be free of cracks and splits.
- Seat the child where he/she cannot view the audiometer controls while testing.
- Instruct the child to raise his/her hand when the tone is heard and to put his/her hand down when tone is no longer heard.

Steps to Conduct Pure-tone Screening

- Select the right earphone.
- Observe both ears before placement of headphones.
- Place the earphones over the child’s ears with the right earphone (red) over the right ear and the left earphone (blue) over the left ear.
- Make sure the diaphragm of the earphone is directly over the ear canal.
- Turn the intensity dial to 50dB at 4000 Hz for a practice tone. If the child responds, you are ready to begin the screening.
- Present the following tones to the right ear:
 - 4000 Hz @ 20dB
 - 2000 Hz @ 20dB
 - 1000 Hz @ 20dB
- Present the following tones to the left ear:
 - 1000 Hz @ 20dB
 - 2000 Hz @ 20dB
 - 4000 Hz @ 20dB
- The screening test is now completed. **Record your results.**

Rescreen

- Any child who fails the screening (i.e., who does not respond at 20dB to all six of the test tones) can be rescreened immediately after the screener has reinstructed the child and repositioned the earphones.
- A second screening must be done in approximately four to six weeks for those who fail the screening.

Referral

- Any child who fails both the first and second screenings shall be referred for a complete medical/audiological evaluation.
- Any child who failed the first school screening and who failed the previous year's school screening with no documented follow-up care shall be immediately referred.

Screening Preschool Children and Special Populations

Pure-tone hearing screenings can be administered to most children aged 3 and above. It may be more difficult, however, to test younger children and those who are mentally or developmentally delayed. With these children, the screener may use any technique that yields consistent responses to the pure-tone stimuli. Some examples follow:

- Dropping block in a box.
- Stacking rings on a cone.
- Putting a peg in a peg board.
- Giving the screener high five.
- Giving the screener small pieces of paper or game chips.
- Pointing to an ear (not necessarily the test ear).
- Squeezing the hand or the finger of the tester (effective with children who have limited control of their limbs).
- Telling the tester to STOP the beep.
- Saying "I hear it" or "beep".
- Nodding the head.
- Clapping hands.

The screener may help the child learn one of the above responses by physically taking the child through the movements of the task. After a few repetitions, the child may attempt the response without any cues from the tester.

The practice tones shall be presented at a 50 dB level. After the task is learned, the tones can be reduced until the testing level of 20 dB is reached.

Younger children do not always respond when a tone is presented. If a child responds consistently when the tone stops, the response can be considered a valid tone.

Optional Screening Procedure

Tympanometry:

Tympanometry is highly recommended for preschool and kindergarten. It is recommended for first and third graders and the difficult-to-test children, upon rescreen. ODH recommends tympanometry as a useful referral-out tool for screening middle ear problems. It does not measure hearing and should not be used without pure-tones or otoacoustic emissions (OAE) testing.

Tympanometry is an objective measure of testing the integrity and function of the middle ear system; however, it does not screen hearing levels. This test provides a measure of the health of the eardrum (tympanic membrane) and the middle ear space behind it by measuring the movement of the tympanic membrane as varying degrees of air pressure are introduced into the ear canal.

Tympanometric testing shall be performed utilizing a 226 Hz tone and a constant pump speed of 200 daPa/sec. Tympanometric equipment shall meet the appropriate current standards by ANSI. If not done conducted properly, tympanometry screening will produce over-referrals. Technical assistance is available from the Children's Hearing and Vision Program at ODH.

The test is performed by placing a soft, rubber-tipped probe snugly into the ear canal while the child sits still. The tympanometer will then take a measure of the movement of the eardrum and record it on a graph called a tympanogram. The test takes only a few seconds. It is an effective screening tool for detecting middle ear problems and is most sensitive to fluid in the middle ear (otitis media).

In accordance with the Ohio Department of Health's Hearing Screening Guidelines and Requirement on tympanometry, hearing screeners using tympanometry with pure-tones shall follow the pass/referral criteria listed below:

Example of a "within normal limits" tympanogram (See Figure 1)

- Ear Canal Volume - space measured between the tip of the probe and the eardrum.
 - Normal values are generally between .2 and 2.0.
 - Values greater than 2.0 will imply pressure equalizing (PE) tubes or perforation of the eardrum.
- Gradient is the tympanometric pressure width at 50 percent of the compliance peak.
 - Normal tympanometric width ranges from 50 to 200 daPa.

Example of a "refer" tympanogram is a flat tympanogram or a gradient (tympanometric width) greater than 200 daPa. (See Figures 2 and 3)

Abnormal tympanometry results may be indicative of any of the following:

- Fluid in the middle ear
- Perforated ear drum
- Impacted ear wax
- Scarring of the tympanic membrane
- Ossicular disarticulation

A child who fails the tympanometry screening shall be referred immediately for a complete medical/audiological evaluation.

Figure 1.

(1) Example of a normal tympanogram that indicates maximal absorption of sound energy at atmospheric pressure.

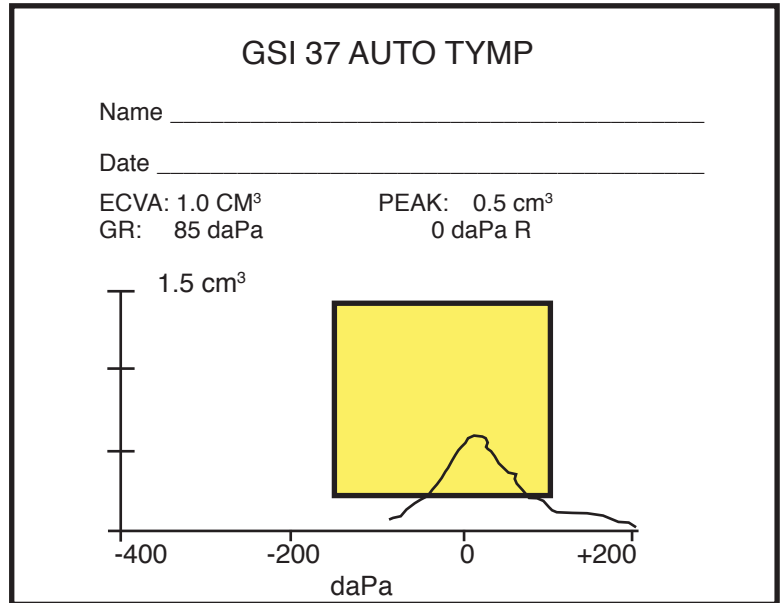


Figure 2.

(1) Example of a flat tympanogram that indicates lack of normal absorption of sound energy across the pressure continuum.

(2) Implies outer or middle ear obstruction to sound conduction i.e. fluid, perforation, wax obstruction or PE tubes.

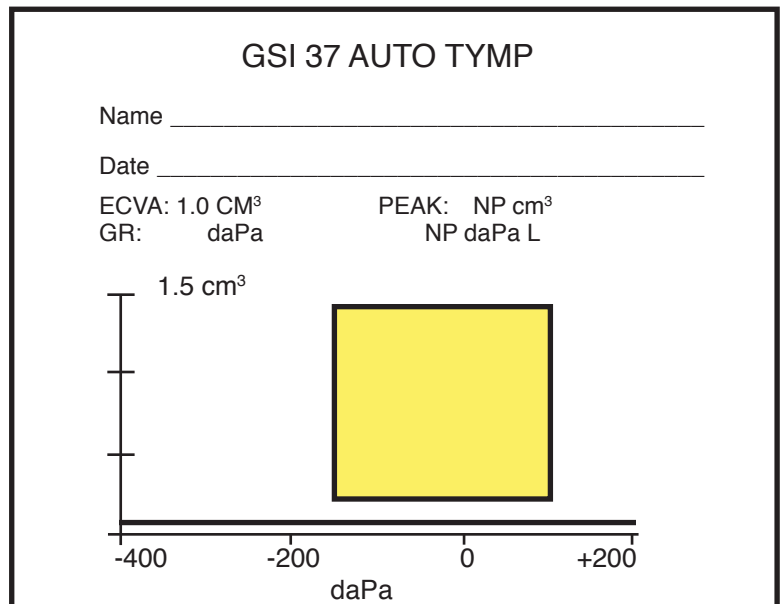
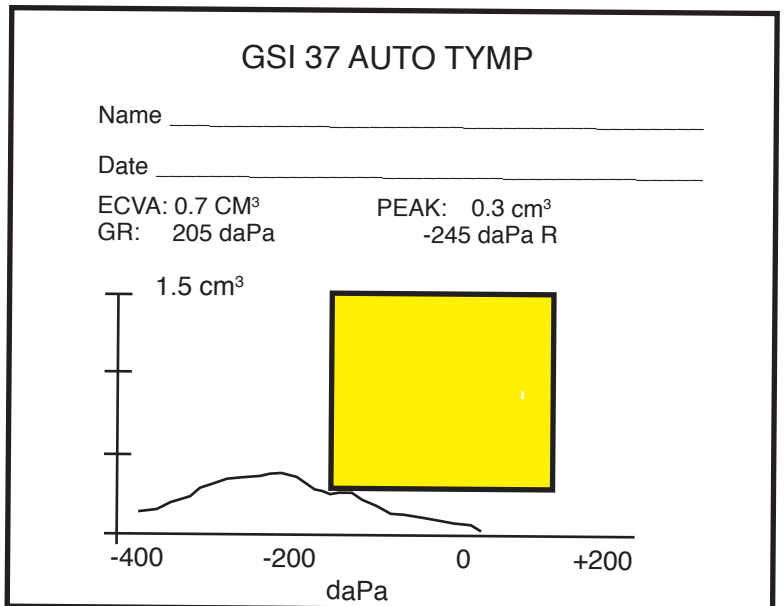


Figure 3.

(1) Example of a tympanogram in which the gradient is more than -200 daPa. Gradient is the tympanometric pressure width at 50 percent of the compliance peak.

(2) Normal tympanometric width ranges from 50 to -200 daPa.



Optional Screening Procedure

Otoacoustic Emissions:

Otoacoustic emissions (OAE) hearing screening has been approved as an alternative test for students who are unable to complete a pure-tone screening either due to young age or physical or developmental challenges. OAE testing is not a substitute for pure-tone screening for other students. It is important to document why the child was not tested with pure-tone screening. OAEs are approved as an optional test procedure. *They are not required.* Some school districts with large preschool and/or special education populations may want to consider utilizing OAE testing.

Otoacoustic emissions (OAEs) are low-intensity sounds produced by normal, healthy ears. These sounds are produced either spontaneously or in response to an acoustic signal. The OAE originates in the inner ear (cochlea) from the outer hair cells in the cochlea. The response also requires normal or near normal middle ear functioning. A small probe (foam or rubber) is placed in the child's ear. A soft sound is presented and the ear produces an emission or echo response. This response is measured with a small microphone that is in the probe. Tympanometry should be used in conjunction with the OAE screening for optimal results.

A pass OAE means the child has normal outer hair cell function. OAEs do not assess hearing acuity. The child will pass if their hearing is at least 30 dB or better. This means a child with a very mild hearing loss (20-25dB) can still pass this test. Do not state the child has normal hearing because of a pass result on OAE hearing screening. In rare cases a child will pass OAEs and have a condition called *auditory neuropathy* (auditory dyssynchrony). In auditory neuropathy, normal outer hair cell function is present while inner hair cell or neural function may be abnormal. If a child is not developing normal speech and language, does not respond to sound or responds inconsistently to sound, they should be referred for a complete audiological evaluation. The OAE equipment will display a *pass* response. A child who passes the OAE will not be rescreened.

A child whose test results indicate “refer” shall be rescreened **immediately**. A child whose test results indicate “refer” on the second OAE shall be referred for a complete medical/audiological evaluation. A child who is unable to be tested shall be referred for a complete medical/audiological evaluation.

There are many reasons why a child refers on an OAE test.

- The child is vocalizing, moving.
- Wax (cerumen) in the ear canal.
- Fluid in the middle ear space (otitis media).
- Perforation in the eardrum.
- Noisy environment.
- Hearing loss.

Hearing Screening Notification/Reporting Procedures

- School screening personnel shall notify the parents/caregivers of the upcoming school hearing screening (Hearing Screening Information Letter). This form also may be modified in a school newsletter to the parents/caregivers.
- The Hearing Screening Record Form or the OAE Hearing Screening Record Form is provided for the initial screening and rescreening of children to assist school screening personnel in record keeping. Tympanometry/OAE Hearing Screening Form and Hearing Screening Form can be used for record keeping and send home with children on day of screening.
- The parent/caregiver shall receive written notification, in the form of the Hearing Screening Notification Letter, that his/her child has passed or failed the hearing screening and a medical/audiological evaluation is needed.
- Along with notification, parent/caregiver shall receive a copy of the Hearing Screening Referral Report or the OAE Hearing Screening Referral Report to be completed by the examining primary care provider or audiologist and returned to the referring school.
- The names of children who have failed a hearing screening shall be entered on the Hearing Follow-up Record Form and tabulation of follow-up data shall be maintained.
- Results of a child's hearing screening test shall be entered on the child's permanent school health record.
- Forms used for hearing screening and follow-up may be downloaded from the ODH website or photocopied from the examples in the Forms section of this document. Schools may request approval for use of a form other than those available from ODH by submitting the form to ODH.
- Report hearing screening data by school building by June 1 annually to ODH (mandated by Section 3313.50 CRC). Data shall be submitted electronically by accessing the Annual School Hearing Screening Form data link. Hearing screening data may also be submitted electronically through ImpactSIIS. Parent consent is required to submit data through ImpactSIIS. Any child not entered into ImpactSIIS must be reported to ODH on the Annual School Hearing Screening Form.

Recommended Portable Screening Equipment Requirements

Pure-tone equipment:

- Pure-tone equipment shall have a variable intensity attenuator ranging from 0 dB to 80 dB.
- Pure-tone equipment shall have a binaural headset. Hand-held pure-tone equipment, automatic pure-tone equipment and standardized speech (picture) testing equipment are not approved for use in school hearing screenings.
- Pure-tone equipment shall meet the appropriate current standards by the American National Standards Institute (ANSI).

Tympanometry equipment:

- Tympanometric testing shall be performed utilizing a 226 Hz tone and a constant pump speed of 200 daPa/sec.
- Tympanometric equipment shall meet the appropriate current standards by ANSI.

Other:

- All equipment shall be calibrated annually to the appropriate current standards by ANSI.
- Screening personnel may contact ODH, Children's Hearing and Vision Program at www.odh.ohio.gov/odhPrograms/cfhs/hvscr/hvscr1.aspx or (614) 466-1995 for advice when purchasing equipment. ODH does not endorse a specific manufacturer or model.

Common Hearing Screening Errors

- Failure to note change in ambient noise levels during the screening procedure – a quiet testing environment is very important.
- Unnecessary background talking during screening.
- Fatigue of child caused by extended screening time.
- Rushed screening process.
- Inaccurate or unclear directions to the child
- Child in direct view of the audiometer's control panel.
- Earphone on the wrong ear.
- Visual cues given through eye or body movement of the examiner.
- Tone presentation shorter than one second. Tone presentation in a non-rhythmic manner.

Hearing Resource Information

Children's Hearing and Vision Program
Bureau of Maternal and Child Health
Ohio Department of Health
246 North High Street, 5th floor
Columbus OH 43215
Phone: (614) 466-1995
Fax: (614) 728-6793
Website: www.odh.ohio.gov/odhPrograms/cfhs/hvscr/hvscr1.aspx

To request the substitution of one grade for another or documentation approval, send written documentation of need to program administrator of the Children's Hearing and Vision Program at the above address. Documentation shall consist of the grade to be changed or added, specific rationale for the request and duration of the substitution. Permission to substitute grades will not be granted for preschool, kindergarten, first and third grades.

For additional information about hearing:

AAA - American Academy of Audiology
8201 Greensboro Dr., Suite 300
McLean VA 22102
www.audiology.org
(800) AAA-2336

**ASHA -
American Speech & Hearing Association**
10801 Rockville Pike
Rockville MD 20852
www.asha.org
(800) 638-8255

**H.E.A.R. -
Hearing Education and Awareness for
Rockers**
P.O. Box 460847
San Francisco CA 94146
www.hearnet.com
(415) 409-3277

**Hearing Loss Association of America
(formally known as SHHH)**
7910 Woodmont Ave., Suite 1200
Bethesda MD 20814
www.shhh.org
(301) 657-2248

**Ohio Department of Health
Help Me Grow**
(614) 644-8389
Ohio Department of Health
Infant Hearing Screening Program
www.helpmegrow.ohio.gov
(614) 644-8389

**Ohio School for the Deaf
Center for Outreach Services**
500 Morse Rd. Columbus, Ohio 43214
www.ohioschoolforthedeaf.org/Outreach.aspx
(614) 995-1566 voice
(614)995-1567 fax

Hearing Screening Information Letter

To: Parent/Caregiver

From: _____

Date Hearing screenings will be administered: _____

To all preschool and students in grades: _____

Why is it important to have your child's hearing screened?

- Hearing is important for speech, language development, reading and learning.
- A hearing screening can detect if your child needs further hearing testing.
- Even if your child has passed a hearing screening previously, their hearing can change.
- Hearing problems can be related to medical problems.
- Hearing loss is invisible and child may appear to be not paying attention.

Hearing screening will consist of one or more of the following tests:

- **Tympanometry** - Screening of middle ear function to determine presence/absence of middle ear fluid and/or wax which could interfere with normal hearing.
- **Audiometry** - Screening of hearing acuity.
- **Otoacoustic Emissions (OAE)** - An objective test that screens for an estimate of hearing sensitivity.

If your child passes the hearing screening, you may not be contacted.

A hearing screening only provides a snapshot of how your child performs on the day the test was administered and is not a substitute for a complete hearing evaluation by an audiologist.

If your child fails either part of the screening, a rescreen and/or referral will be made.

Please direct any questions to: _____.

Otoacoustic Emission (OAE) Hearing Screening Referral Report

Date: _____

To the Parent/Caregiver of _____ D.O.B _____

School _____ Grade _____

Your child is being referred for further evaluation because he/she failed our hearing screening procedure in our school. We are using a hearing screening called "Otoacoustic Emissions (OAE)." This is an objective test that records a physiological response from the inner ear. Hearing problems can place your child at risk for learning difficulties. It is recommended that you take your child to his/her primary care provider or audiologist for further evaluation. If you have any questions concerning the screening results, please contact the school nurse. Please let the school nurse know if your child is already under a doctor's care for hearing problems or if you need assistance in finding a medical provider. Please return the completed form to the school.

Otoacoustic Emission (OAE) Testing Results

Otoacoustic Emissions (OAE)	Pass	Refer	Comments
Right Ear			
Left Ear			

"Pass" OAE means that the child has normal outer hair cell function; however, it does not rule out a mild hearing loss. OAEs do not assess hearing acuity. A child's peripheral hearing system has to be normal or within a normal range to pass this hearing procedure. A child with a mild hearing loss up to 30-35dB can pass this screening.

"Refer" OAE can mean that the 1) the child has a potential hearing loss or, 2) the child may have middle ear problems that affects the ability to record a response from the inner ear.

EVALUATION RESULTS (to be completed by the healthcare provider):

Diagnosis: _____

Treatment Plan: _____

Comments: _____

Signature: _____ Date of Examination: _____

Please return form to: _____

CONSENT AND RELEASE OF INFORMATION

I, _____ (parent/caregiver) of the above named child, hereby authorize the provider completing this report to return this completed form to:

for the specific purpose of notifying the school of any specific hearing problems, recommendations and instructions for teachers related to the child's hearing problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child; however, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs for my child.

(Signature of parent/caregiver)

(Date)

Tympanometry/Otoacoustic Emission (OAE) Hearing Screening Form

Child's Name: _____

Grade: _____

Screening Date: _____

Room Noise: Good Fair Poor

Tympanometry/Otoacoustic Emission (OAE) Results

	Tympanometry	OAE
Right Ear	Within normal limits _____ Outside normal limits _____ Could not test _____ Did not test _____	Pass _____ Refer _____ Could not test _____ Did not test _____
Left Ear	Within normal limits _____ Outside normal limits _____ Could not test _____ Did not test _____	Pass _____ Refer _____ Could not test _____ Did not test _____

_____ Your child passed today's tympanometry/OAE screening.

_____ Your child did not pass today's hearing screening. Please follow-up with a primary care provider or audiologist.

Comments:

Hearing Screening Notification Letter

Name/Date: _____

Dear Parent/Caregiver:

Routinely, hearing screenings are conducted on students for the detection of hearing problems. Hearing screenings are important for the following reasons:

- Hearing is important for speech, language development, reading and learning.
- A hearing screening can detect if your child needs further hearing testing.
- Temporary hearing loss causes students to miss crucial instructions in the classroom.
- Parents may not be aware of a child's mild hearing loss in day-to-day home situations.
- Even mild losses may interfere with learning new vocabulary, which is critical for success in reading.
- Hearing loss is invisible and the child may be blamed for not paying attention.
- Hearing loss may be a sign of ear disease.
- Children with very mild losses or loss in only one ear may be experiencing academic failure.
- Even if your child has passed a hearing screening previously, his or her hearing can change.

_____ Your child has PASSED the hearing screening.

_____ Your child REFERRED on the hearing screening. It is recommended that you take your child to his or her primary health care provider for further evaluation. Please have the enclosed Hearing Screening Referral Report filled out and returned.

It is important to your child's school success to have a professional evaluation. If a problem is found and corrected, it may help your child do better in his or her school work. Enclosed is a referral report to take to a primary care provider or audiologist.

Sincerely,

Name/Date

Hearing Screening Referral Report

Date: _____

To the Parent/Caregiver of _____ D.O.B. _____

School _____ Grade _____

Hearing screening was recently conducted at your child's school. The results of the hearing screening indicate that your child may have a hearing problem. Hearing problems can place your child at risk for learning difficulties. It is recommended that you take your child to his or her primary health care provider for further evaluation. Please let the school nurse know if your child is already under a doctor's care for hearing problems or if you need assistance in finding a medical provider. **Please return the completed form to the school.**

Pure Tone Hearing Screening Results:

	1000	2000	4000	Observation/Comments
R	Pass _____ (20 dB) Not Pass _____	Pass _____ (20 dB) Not Pass _____	Pass _____ (20 dB) Not Pass _____	
L	Pass _____ (20 dB) Not Pass _____	Pass _____ (20 dB) Not Pass _____	Pass _____ (20 dB) Not Pass _____	

EVALUATION RESULTS (to be completed by the healthcare provider):

Diagnosis: _____

Treatment Plan: _____

Comments: _____

Signature: _____ Date of Examination: _____

Please return form to: _____

CONSENT AND RELEASE OF INFORMATION

I, _____ (parent/caregiver) of the above named child, hereby authorize the provider completing this report to return this completed form to:

for the specific purpose of notifying the school of any specific hearing problems, recommendations and instructions for teachers related to the child's hearing problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child; however, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs for my child.

(Signature of parent/caregiver)

(Date)

Hearing Screening Annual Report

Grade	Number Screened	Number Rescreened	Equipment Used Audiometer/OAE/TYMP	Number Referred	Number of Referrals Completed
Preschool					
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
7 th					
8 th					
9 th					
10 th					
11 th					
12 th					
SPED					
Total					

School Name _____ IRN _____ Submitted By _____

Address _____

City _____ Zip Code _____

County _____ Phone Number _____

Sample ImpactSIIS Parent Consent Form

Date: _____

Dear Parent/Caregiver of _____ (name of child).

A hearing screening will be given. The purpose of this program is to find potential problems so treatment can be given. The results of this screening will be entered into ImpactSIIS, the secure Ohio immunization information management system. This is only a screening. It is recommended that you take your child to his/her primary health care provider ("health home") for further evaluation. If you have any questions concerning the screening results, please contact: _____.

Please check Yes or No:

- YES, I want my child screened and results entered in ImpactSIIS. (Please fill in the entire form, sign below and return form.)
- YES, I want my child screened but I do NOT want results entered in ImpactSIIS. (Please fill in the entire form, sign below and return form.)
- NO, I do not want my child screened and results entered in ImpactSIIS. (Please fill in the entire form, sign below and return form.)

I, _____ (parent/caregiver) of the above-named child, hereby authorize the provider completing this report to submit all records pertaining to immunizations status and screening results to the ImpactSIIS, the Ohio immunization information management system. I understand that I may refuse to sign this authorization and that my refusal will not affect screening services provided to my child.

This is provided as a sample. Please consult with your legal advisor.

Appendix A

State Laws Pertaining to Hearing Screening Programs

Section 3313.50

Record of tests; statistical data; individual records.

Boards of education and boards of health making tests for determining defects in hearing and vision in school children shall keep an accurate record of such tests and of measures taken to correct such hearing and visual defects. This record shall be kept on a form to be prescribed and furnished or approved by the director of health. Statistical data from such records shall be made available to official state and local health, education, and human services departments and agencies. Individual records shall be made available to such departments and agencies only in cases where there is evidence that no measures have been taken to correct defects determined by such tests, provided that such records shall be made available to school authorities where they are deemed essential in establishing special education facilities for children with hearing and visual defects.

Section 3313.673

Screening of beginning pupils for special learning needs.

(A) Except as provided in division (B) of this section, prior to the first day of November of the school year in which a pupil is enrolled for the first time in either kindergarten or first grade, the pupil shall be screened for hearing, vision, speech and communications, and health or medical problems and for any developmental disorders. If the results of any screening reveal the possibility of special learning needs, the board of education of the school district shall conduct further assessment in accordance with Chapter 3323. of the Revised Code. The board may provide any of the elements of the screening program itself, contract with any person or governmental entity to provide any such elements, or request the parent to obtain any such elements from a provider selected by the parent. If the board conducts hearing and vision screening itself or contracts for hearing and vision screening, such screening shall be conducted pursuant to sections 3313.50, 3313.69, and 3313.73 of the Revised Code.

B) Prior to the first day of August of the school year in which a pupil is required to be screened under this section, the board shall provide parents with information about the district's screening program. If the board chooses to request parents to obtain any screening services, it shall provide lists of providers to parents together with information about such screening services available in the community to parents who cannot afford them. Any parent requested to obtain any screening services under this division may sign a written statement to the effect that he does not wish to have his child receive such screening.

Section 3313.68

Employment of medical and dental personnel; delegation of duties to board of health or offices.

The board of education of each city, exempted village, or local school district may appoint one or more school physicians and one or more school dentists. Two or more school districts may unite and employ one such physician and at least one such dentist whose duties shall be such as are prescribed by law. Said school physician shall hold a license to practice medicine in Ohio, and each school dentist shall be licensed to practice in this state. School physicians and dentists may be discharged at any time by the board of education. School physicians and dentists shall serve one year and until their successors are appointed and shall receive such compensation as the board of education determines. The board of education may also employ registered nurses, as defined by section 4723.01 and licensed as school nurses under section 3319.22 of the Revised Code, to aid in such inspection in such ways as are prescribed by it, and to

aid in the conduct and coordination of the school health service program. The school dentists shall make such examinations and diagnoses and render such remedial or corrective treatment for the school children as is prescribed by the board of education; provided that all such remedial or corrective treatment shall be limited to the children whose parents cannot otherwise provide for same, and then only with the written consent of the parents or guardians of such children. School dentists may also conduct such oral hygiene educational work as is authorized by the board of education.

The board of education may delegate the duties and powers provided for in this section to the board of health or officer performing the functions of a board of health within the school district, if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the prevention and control of epidemics.

Section 3313.69

Hearing and visual tests of school children; exemptions

The board of education or board of health providing a system of medical and dental inspection of school children, as authorized by section 3313.68 of the Revised Code, shall include in such inspection tests to determine the existence of hearing and visual defects in school children. The methods of making such tests and the testing devices to be used shall be such as are approved by the department of health.

Any child shall be exempted from a dental inspection if he has been examined for dental defects by a regularly licensed dentist, from a hearing test if he has been examined by a regularly licensed physician, and from a visual test if he has been examined by a regularly licensed physician or optometrist upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspections.

Section 3313.73

Board of health to make examination; report; recommendations to parents.

If the board of education of a city, exempted village, or local school district has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make such recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

Section 3709.22

Duties of board of city or general health district.

Each board of health of a city or general health district shall study and record the prevalence of disease within its district and provide for the prompt diagnosis and control of communicable diseases. The board may also provide for the medical and dental supervision of school children, for the free treatment of cases of venereal diseases, for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries, and county homes, and other charitable, benevolent, and correctional institutions. The board may also provide for the inspection of dairies, stores, restaurants, hotels, and other places where food is manufactured, handled, stored, sold, or offered for sale, and for the medical inspection of persons employed therein. The board may also provide for the inspection and abatement of nuisances dangerous to public health or comfort, and may take such steps as are necessary to protect the public health and to prevent disease.

In the medical supervision of school children, as provided in this section, no medical or surgical treatments shall be administered to any minor school child except upon the written request of a parent or guardian of such child. Any information regarding any diseased condition or defect found as a result of any school medical examination shall be communicated only to the parent or guardian of such child and if in writing shall be in a sealed envelope addressed to such parent or guardian.

Rule 3301-35-06

Educational programs and support.

(1) Student support services should be designed to support student progress toward meeting educational performance objectives...services may include screening, assessment, intervention...services shall

(e) Be selected according to adopted policies and with the involvement of credentialed staff.

(2) Operational support services should be designed to create an educational environment conducive to effective teaching and learning. Examples of such include

(c) Services that identify student health and safety concerns and opportunities for access to appropriate related sources. These services...shall include

(i) Compliance with immunization requirements of sections 3313.6 of the Revised Code.

(ii) Compliance with emergency medical authorization requirements of section 3313.712 of the Revised Code.

(iii) Vision and hearing screenings, referrals and follow up.

Rule 4753-6-01

Screening.

Screening is for the purpose of initial identification of persons who may have hearing, speech and/or language disorders. Verbal or written indications or descriptive statements about the results of a screening shall be limited to whether the individual passed or failed the screening procedure(s). The report of the findings shall state that the findings should not be construed as a complete evaluation, nor shall it offer remedial steps other than appropriate referral for complete examination by an audiologist, speech-language pathologist, or physician, as applicable. Criteria for failure shall be developed in consultation with an individual licensed in the area of the procedure pursuant to Chapter 4753. or Chapter 4731. of the revised code.

Section 3313.73

Board of health to make examination; report; recommendations to parents.

If the board of education...has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make such recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

