

Early Intervention Risk Assessment for Hearing Loss

	Yes	No	
1			Does the parent have concerns about how the child hears?
2			“Have you noticed that the child does NOT startle in response to loud sounds?” (< 6 months)
			“Have you noticed that the child does NOT turn in response to sounds?” (> 6 months)
			Can the child follow simple directions? (> 12 months)
3*			Has the child failed a hearing screen? (newborn or other)
4			Is there anyone in the family who has hearing loss from childhood? (including extended family)
5			Does the child have a speech delay?
6			Was the child’s birth weight less than 3 pounds and 5 ounces?
7*			Does the child have a syndrome associated with hearing loss?
8			Has the child had meningitis?
9			Has the child had middle ear infections or fluid in the ears for more than 3 months?
10			Does the child have a craniofacial anomaly, such as cleft lip/palate, skin tags near the ear, an ear pit (small hole), or other ear malformation
11*			Did the child receive mechanical ventilation for more than 5 days?
12*			Did the child have a congenital infection?
13			Did the child have jaundice (hyperbilirubinemia) to the point of needing a blood transfusion?
14*			Did the child receive ECMO?
15			Did the child remain in the NICU for 5 or more days?

If any of the answers to questions are “yes”, it is recommended that child be referred for an audiological evaluation if they are not already receiving audiologic follow-up.

3. Has the child failed a hearing screen? If the child was born in RI, results can be obtained with a signed release form from the RI Hearing Assessment Program, phone 401-277-3700, fax 401-276-7813. If the child was born out of state and the parent is unaware if their child was tested or what the results were, you can consult www.infanthearing.org to obtain contact information for that state.

7. Does the child have a syndrome associated with hearing loss? There are over 300 syndromes associated with hearing loss. This is a list of the more common syndromes:

Achondroplasia	Hunter Syndrome	Trisomy 13 or 18
Alport	Neurofibromatosis	Trisomy 21 (Down Syndrome)
Apert	Oculo-Auriculo-Vertebral	Turner
Charcot-marie-Tooth	Dysplasia	Usher
CHARGE Association	Pendred	Waardenburg
Crouzen or Cornelia de Lange	Treacher Collins	
Fetal Alcohol Syndrome		

11. Did the child have mechanical ventilation for more than 5 days? Mechanical ventilation is defined as ventilation with intubation. Nasal cannula and CPAP are not considered mechanical ventilation.

12. Did the child have a congenital infection? Such as CMV (cytomegalovirus), herpes, toxoplasmosis, rubella, syphilis.

14. Did the child receive ECMO? ECMO (extracorporeal membrane oxygenation) is a device that takes over the work of the lungs and sometimes the heart. It works by pumping the blood through an artificial lung, similar to a heart-lung bypass machine used in surgery. In this area, infants usually must be transferred to Massachusetts General Hospital to receive this type of care.

For more information consult: www.health.state.ri.us/family/hearing or www.infanthearing.org





early intervention

supporting families and child development

Child's Name: _____

Date of Birth: _____

EI Service Coordinator: _____

We are recommending that your child have a full hearing test completed with an audiologist (hearing specialist), because _____.

Why does my child need to have a hearing test?

Based on the questions you just answered about your child, we are recommending your child get a full hearing test (pediatric Auditory Brainstem Response Test or ABR) completed to make sure your child's ears are hearing all the sounds we would expect.

Why is this hearing test important?

Hearing helps your child learn to communicate, to understand what people say and to learn to talk. Any hearing loss can cause delays or difficulties learning speech and language. This is why it is so important to have your child's hearing tested now.

What will happen at the hearing test appointment?

The audiologist will test your child's hearing at different pitches and different loudness levels. None of the testing should cause your child any discomfort. If your child is over 6 months old, it is best if you schedule the appointment at a time when he or she is generally awake and happy.

Below is a list of audiologists you can contact. Be sure to discuss this recommendation with your child's pediatrician to ensure that the appropriate referrals can be made for your insurance. Not all audiologists accept the same insurance carriers, so please make sure when you make the appointment that they accept your insurance:

Charlton Memorial Hospital-Audiology
363 Highland Avenue
Fall River, MA 02720
508-679-7135

Meeting Street-Audiology
1000 Eddy Street
Providence, RI 02905
401-533-9100

Memorial Hospital of Rhode Island-Audiology
111 Brewster Street
Pawtucket, RI 02860
401-729-2681

RI/Hasbro Hospital Audiology Department
Coro Center
One Hoppin Street
Suite 1.001
Providence, RI 02903
401-444-5485

Women & Infants' Audiology
134 Thurbers Avenue, Suite 215
Providence, RI 02905
401-453-7751

Boston Children's Hospital
300 Longwood Ave.
Boston, MA 02115
617-355-6461