

“Guidelines for Hearing Screening After the Newborn Period to Kindergarten Age”

MN Newborn Hearing Screening Advisory Committee

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Selected Sections:

“HEARING SCREENING IN INFANT AND TODDLER INTERVENTION/PART C (page 3)

Minnesota’s Infant and Toddler Intervention⁶, also referred to as Part C, provides services for children under the age of three years who demonstrate developmental delays or have been diagnosed with a condition that has a high probability of resulting in developmental delays. Services are designed to meet the unique needs of each child and their family. Accessing these services as early as possible will ensure the best developmental outcomes for the child. These services are offered at no cost to the family.

Federal Part C regulations §303.321, require that the evaluation and assessment of an infant or toddler be based on informed clinical opinion and include an evaluation of the child’s level of functioning in a variety of identified areas, including hearing. In addition, for a child who has been evaluated for the first time and determined eligible under Part C, an individualized family service plan (IFSP) must include statement of the infant or toddlers present levels of physical development (including vision, hearing, and health status).

The use of family questionnaires, interviews, or observation checklists as the sole means of determining a child’s hearing status is unreliable, as over 50 percent of children with hearing loss will not be identifiable through these means. Satisfaction of Part C’s evaluation requirement should include information about the child’s hearing status obtained through hearing screening with otoacoustic emissions (OAE) equipment, with or without integrated tympanometry screening, or information from the child’s audiologist for a child with a known hearing loss. Nonetheless, hearing questionnaires and checklists may be helpful in conjunction with the results of an OAE screening to aid in rescreening or immediate full evaluation referral determinations.

All children who receive an initial Part C evaluation who do not have current documentation of hearing screening results (within the last six months) or a documented hearing loss should be screened for hearing loss using OAE technology with or without integrated tympanometry.

- All efforts should be made to complete the hearing screening during the initial evaluation. However, if completing an individual child’s hearing screening would impede the 45-day timeline, and the child can otherwise be determined eligible for Early Intervention services based on other developmental needs, the child’s hearing status should be documented as soon as possible.
- When Part C providers do not have OAE equipment available, the Service Coordinator should work with the family to obtain objective (as defined in the glossary) hearing screening information from a health care professional or an audiologist.
- Follow-up hearing screening with OAE is also encouraged near the time of the annual IFSP meeting, or sooner with lack of progress in speech/language acquisition or if there is parent, caregiver, or early childhood provider concern.
- For children who were referred for an initial Part C eligibility evaluation but were subsequently found to be not eligible for Early Intervention services, the Service Coordinator should help connect the family with other health and community resources and information, including information on the importance of periodic hearing screening throughout early childhood.”

“HEARING SCREENING IN IDEA PART B (page 9)

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. Children and youth (ages three to 21) receive special education and related services under IDEA Part B12.

Part B provides rules and regulations for special education for children between the ages of three and 21 stating that programs use a variety of assessment tools and strategies to gather relevant, functional, developmental, and academic information about the child, including information provided by the parent §300.304(a)(1)(1). The rules indicate that the child be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities; §300.304(c)(4). In evaluating each child with a disability under Sec. §300.304 through §300.306, the evaluation needs to be sufficiently comprehensive to identify all of the child’s special education and related service needs, whether or not the needs are commonly linked to the disability category in which the child has been classified §300.304(c)(6).

Therefore, all children receiving an initial Part B evaluation who do not have current documentation of hearing screening results (within the last six months) and do not have a documented hearing loss should be screened for hearing loss during the time of a child’s initial Part B evaluation and prior to categorical eligibility determination to rule out hearing loss as a primary or contributing factor in the child’s developmental status.

In addition, all children who have received Early Intervention services for more than six months and are in the process of transitioning from Part C Early Intervention to Part B Preschool Special Education should receive a hearing screening as part of their transition plan if current information (within the last six months) about the child’s hearing status is not available.

The recommended method of screening is pure-tone audiometry with or without integrated tympanometry. OAE may be the method of choice if a child is developmentally unable to be screened using pure tone audiometry.”