

**Oregon Department of Education
Autism Spectrum Disorder
Hearing Screening Checklist Interview.**

An interview format should be used with the parent to complete this checklist.
Please complete this form in its entirety

Student's Name: _____ Date of Birth: _____

Parent's name: _____ Interviewer: _____

Date Checklist Completed: _____

Question	Yes	No	Not Sure
1. Do you have concerns about the child's hearing? Describe:			
2. Was the child's hearing screened at birth? What was the result? Describe:			
3. Has the child had significant illness? Describe:			
4. Is there any family history of hearing loss? Describe:			
5. Did a doctor refer the child for a hearing screening?			
6. Did the child have complications at birth?			
7. Was the child born premature?			
8. Has the child been hospitalized?			
9. Has the child had any ear infections? How many?			
10. Any ear infections in the past 6 months?			
11. Has the child been to an Ear/Nose/Throat Specialist?			
12. Does the child consistently respond to sounds at home?			
13. Does the child seem to understand what adults say?			
14. Does the child follow appropriate simple directions?			
15. Does the child respond to his/her name most of the time?			

Additional Comments: (use back of form)