

Oregon Department of Education Autism Spectrum Disorder Hearing Screening Guidelines.

* A “pass” does not rule out progressive hearing loss or delayed onset of hearing loss. If any indicators are

<p>Level 1</p> <p>General Health Appraisal</p>	<p><u>Informal Screening</u></p> <p>All children/students referred for a comprehensive evaluation to consider special education eligibility in the area of autism spectrum disorder are informally screened for hearing impairment by the EI/ECSE program or school district.</p> <p>At a minimum, a hearing screening checklist interview and successful otoacoustic emissions (OAE) screening are completed to document completion of a hearing screening.</p> <p>If no concerns are identified during the hearing, screening checklist interview and OAE’s are present in both ears, the screening stops.</p> <p>If hearing concerns* are identified during the hearing screening checklist interview and OAE’s are not completed or present, proceed to Level 2.</p>
<p>Level 2</p> <p>All children suspected of having a hearing loss are referred to Level 2.</p>	<p><u>Formal Hearing Screening</u></p> <p>The hearing levels of children birth to three years should be tested by an audiologist. The hearing of children age 3 to 21 may be screened by qualified speech-language specialist or an audiologist. Hearing screening procedures involve pure tone testing, OAE evaluation and may involve tympanometry.</p> <p>Screening is completed if the child passes the above criteria.</p> <p>If the screening is unsuccessful or hearing loss is suspected, proceed to Level 3.</p>
<p>Level 3</p> <p>All children suspected of having a hearing loss that may include high risk factors listed on the following page are referred to Level 3.</p>	<p><u>Audiological Evaluation</u></p> <p>An Audiologist conducts a full age appropriate evaluation. If the audiological evaluation is inconclusive, objective measurements may be recommended ABR-Auditory Brainstem Response and OAE.</p> <p>When an audiologist report indicates there is a hearing loss that may require individualized instruction and related services, the special education evaluation team will work with the Regional Low Incidence Programs to initiate a comprehensive evaluation to consider a child’s special education eligibility in the area of hearing impairment.</p>

present, the child is referred to Level 3.

* A “pass” screening or a “normal” audiological evaluation does not rule out progressive hearing loss or delayed onset of hearing loss. If any indicators are present, the child is rescreened or re-evaluated as long as concerns are present.

Indicators that place a child at risk for hearing loss include:

- Family history of congenital sensorineural hearing loss;
- Congenital infection such as toxoplasmosis, syphilis, rubella, cytomegalovirus and herpes;
- Craniofacial anomalies including morphologic abnormalities of the pinna and ear canal;
- Birth weight less than 1500 grams (3.3 lb.);
- Hyperbilirubinemia at a level exceeding indication for exchange transfusion;
- Ototoxic medications;
- Bacterial meningitis;
- Apgar scores of 0-3 at 5 minutes;
- Prolonged mechanical ventilation for 10 days or more;
- Stigmata or other finding associated with a syndrome known to include sensorineural hearing loss (Waardenburg, Goldenhar or Usher’s Syndrome);
- Head trauma;
- Childhood infectious diseases known to be associated with sensorineural hearing loss (mumps, measles); and
- Neurodegenerative disorders.