ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

HEARING SCREENING TRACKING

○ Initial IFSP ○ Annual IFSP

Child's Name *(Last, First, M.I.)*: _____ Date of Birth: _____

Mother's Maiden Name: _____ Birth Order *(Multiples)*: ☐ A ☐ B ☐ C ☐ D

Date: _____ Birthing Hospital: _____

1. Review of Medical History/Records

Previously Diagnosed Hearing Loss? ☐ Yes ☐ No

Newborn Hearing Screening							
In-Patient Results:	**OAE**	**Pass**	**Refer**		**ABR**	**Pass**	**Refer**
	☐ Right	☐	☐		☐ Right	☐	☐
	☐ Left	☐	☐		☐ Left	☐	☐
Outpatient Screen *(follow-up from Newborn Screen)*							
Out-Patient Results:	**OAE**	**Pass**	**Refer**		**ABR**	**Pass**	**Refer**
	☐ Right	☐	☐		☐ Right	☐	☐
	☐ Left	☐	☐		☐ Left	☐	☐

Date: _____ Where was screening completed? _____

Hearing Evaluation ABR

Where was test completed? _____ Date: _____

Results: _____ Recommendations: _____

Hearing Evaluation Behavior Testing *(audiogram)*

Where was test completed? _____ Date: _____

Results: _____ Recommendations: _____

2. Indicators for Children Who are at Risk for Late Onset or Progressive Hearing Losses

(Check risk factors that are present)

☐ Parental/ caregiver concern regarding hearing, speech, language, and or developmental delay.

☐ Family history of permanent childhood hearing loss.

☐ Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.

☐ Head trauma.

☐ Recurrent/ persistent otitis media with effusion for at least 3 months.

☐ Stigmata/ other findings associated with a syndrome known to include sensorineural/ conductive hearing loss/Eustachian tube dysfunction.

☐ Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis and Usher's syndrome.

☐ Neonatal indicators-specifically hyberbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECHMO).

☐ Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.

☐ Chemo-therapy.

Guideline For Follow-up Hearing Screening:

- If a child passed a newborn hearing screening within the last 6 months and presents with no risk factors for late-onset or progressive hearing loss, then the child does not need further objective screening for one year.
- If a child does not pass the screening the child should get a follow-up hearing screening within 2-4 weeks. If the child does not pass the follow-up screening, they should receive a medical evaluation of the middle ear and evaluation by a pediatric audiologist to rule out hearing loss.

See page 2 for EOE/ADA disclosures

Results of Hearing Screening:

Date: _____ Screener: _____

☐ Visual Inspection	☐ Right	☐ Pass	☐ Refer	
	☐ Left	☐ Pass	☐ Refer	
☐ OAE ☐ Pure Tone	☐ Right	☐ Pass	☐ Refer	☐ Could not test
	☐ Left	☐ Pass	☐ Refer	☐ Could not test
☐ Tympanometry	☐ Right	☐ Pass	☐ Refer	☐ Could not test
	☐ Left	☐ Pass	☐ Refer	☐ Could not test

Rescreen:

Date: _____ Screener: _____

☐ Visual Inspection	☐ Right	☐ Pass	☐ Refer	
	☐ Left	☐ Pass	☐ Refer	
☐ OAE ☐ Pure Tone	☐ Right	☐ Pass	☐ Refer	☐ Could not test
	☐ Left	☐ Pass	☐ Refer	☐ Could not test
☐ Tympanometry	☐ Right	☐ Pass	☐ Refer	☐ Could not test
	☐ Left	☐ Pass	☐ Refer	☐ Could not test

Recommendations: _____

Referred to: _____ Date: _____

Service Coordinator's Signature: _____ Date: _____