

**HEARING IMPAIRMENT
(INCLUDING DEAFNESS)**

EARLY CHILDHOOD SPECIAL EDUCATION

I. DEFINITIONS

- A.** “Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects developmental/educational performance.

- B.** “Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s developmental/educational performance but that is not included under the definition of deafness in this part.
 - 1.** Audiological Indicators
 - a.** An average pure-tone loss in the speech range (500-2000Hz) of 20dB or greater in the better ear. A child with a fluctuating hearing impairment, such as one resulting from chronic otitis media, is classified as hearing impaired (HI).
 - b.** An average high frequency, pure-tone hearing loss of 35dB or greater in the better ear at two or more of the following frequencies - 2000, 3000, 4000 and 6000Hz.
 - c.** A permanent unilateral hearing loss of 35dB or greater in the speech range (pure - tone average of 500 - 2000Hz).
 - d.** A diagnosis of auditory neuropathy.

II. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, it is required.

- A. Required**
 - 1.** Hearing can be waived if a current (within the past 12 months), comprehensive audiological evaluation is available.

2. Vision
3. Formal measures of -
 - a. Development (May include the areas of communication, motor, social/emotional, self-help)
 - b. Speech/language

B. Recommended

1. Informal measures, such as -
 - a. Checklists;
 - b. Inventories;
 - c. Rating scales;
 - d. Interviews;
 - e. Behavioral observations in home and/or other natural environments; and/or
 - f. Access to and review of existing records and available information.

III. REQUIRED EVALUATION DATA

A. Social History (Emphasis on developmental, family and health/medical history)

B. Assessment

1. Audiological (Required as indicated below)
 - a. Audiometric assessment administered within the past six (6) months is required upon initial determination of eligibility and thereafter when deemed necessary by the licensed managing audiologist.
 - i. Pure-tone
 - a) Air conduction
 - b) Bone conduction

When pure-tone results are unobtainable, child should be referred by the managing audiologist for an electrophysiological evaluation.

- ii.** Speech audiometry
 - a)** Speech Reception Threshold (SRT) or Speech Awareness Threshold (SAT)
 - b)** Speech Discrimination (When applicable)
- iii.** Impedance audiometry, including tympanometry and stapedial reflex testing

b. Amplification Systems

- i.** FM amplification systems should be initially recommended, selected and programmed only with the assistance of a licensed audiologist.
- ii.** A special effort must be made to ensure that amplification systems worn by the child in preschool are functioning properly. Proper maintenance includes a daily listening check with emphasis on the following -
 - a)** Ear molds (Young children may require new ear molds every six months.);
 - b)** A daily listening check for amplification (hearing aids and auditory trainers) must be conducted, utilizing a hearing aid stethoscope, and results documented;
 - c)** Cords; and
 - d)** Receivers.

2. Hearing Aid Evaluation (Required, if applicable)

Hearing aid evaluation, to include electroacoustic assessment of hearing aid function, as well as evaluation of aided hearing response and determination of appropriateness of the hearing aid.

3. Auditory Comprehension (One required). Informal assessment of

auditory levels must be documented (alerting, localization, distance, levels, gross environmental, discrimination, gross vocal discrimination and fine speech discrimination).

4. Cognitive/Intellectual Abilities (May be assessed through a formal evaluation or in the programming assessment. Methodology for assessing cognitive ability should be based on the developmental stages for non-linguistic problem solving.)
5. Communicative Abilities (Required as indicated below)
 - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive and must not be limited to one-word vocabulary test.)
 - b. Augmentative/Alternative Communication (When indicated)
 - c. Phonetic Level Evaluation (One required) includes both -
 - i. Articulation; and
 - ii. Supra segmental qualities of speech (i.e., vocalization, intensity, duration, pitch, etc.)
6. Social/Emotional (One adaptive behavior assessment required)
7. Self-Help (May be included in adaptive behavior, cognitive/intellectual and/or the programming assessments)
8. Programming (One criterion or curriculum-based measure appropriate for hearing impaired required)

IV. EVALUATION DATA ANALYSIS

- A. Children ages 3 to 5 are considered to have a hearing impairment when they demonstrate a documented hearing loss which interferes with the acquisition of new knowledge or skills in areas of development. The qualified provider's evaluation report must document how the hearing impairment adversely affects the child's areas of developmental/educational performance. The following are points to consider when analyzing evaluation data.
 1. For a child with a hearing impairment, a special effort should be made to differentiate between articulation and language. For

example, speech intelligibility is not necessarily an indication of language or intellectual abilities.

2. Information provided by parents of children who have hearing impairments is necessary in evaluation data analysis.
3. All tests must have been administered in the child's primary mode of communication (orally or through sign language, etc.) for results to be meaningful.