

# Options for Providing OAE Screener Training and Facilitated Practice

Trainer(s): \_\_\_\_\_

Learners: \_\_\_\_\_

	Activities	Select at least one approach for each activity			
		Web Class Training (ECHO)	Self-Guided Learning on KidsHearing.org	Trainer Facilitated	
<b>Session 1</b>	Video Modules 1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	( ___/___/___ ) date
	Hands-on Practice Exercise 1		<input type="checkbox"/>	<input type="checkbox"/>	
	Online Report 1 & Certificate of Completion		<input type="checkbox"/> *		
	Post Session Debrief			<input type="checkbox"/>	
<b>Session 2</b>	Video Modules 5 - 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	( ___/___/___ ) date
	Quick Use Video(s)		<input type="checkbox"/>	<input type="checkbox"/>	
	Hands-on Practice Exercise 2		<input type="checkbox"/> ❖	<input type="checkbox"/>	
	Online Report 2 & Certificate of Completion		<input type="checkbox"/> *		
	Post Session Debrief			<input type="checkbox"/>	
<b>Session 3</b>	Video Modules 8 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	( ___/___/___ ) date
	Hands-on Practice Exercise 3		<input type="checkbox"/> ❖	<input type="checkbox"/>	
	Online Report 3 & Certificate of Completion		<input type="checkbox"/> *		
	Post Session Debrief			<input type="checkbox"/>	
<b>Session 4</b>	Video Modules 10 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	( ___/___/___ ) date
	Hands-on Practice Exercise 4		<input type="checkbox"/> ❖	<input type="checkbox"/>	
	Online Report 4 & Certificate of Completion		<input type="checkbox"/> *		
	Post Session Debrief			<input type="checkbox"/>	
❖ An alternative incorporates live Trainer-supervised review of Practice Exercises 2,3,4 with additional supervised hands-on screening experience				<input type="checkbox"/>	( ___/___/___ ) date

\* Learners can opt to have a copy of Certificate forwarded to the Trainer as documentation of activity completion.

