



**Baby's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_

A **hearing screening** using  Automated ABR or  OAE was completed on \_\_\_\_\_ for your baby. **Testing showed:**

**RIGHT EAR:**

- Passed (see back)
- Did not pass and further testing is required.
- Testing could not be completed and further testing is required.

**LEFT EAR:**

- Passed (see back)
- Did not pass and further testing is required.
- Testing could not be completed and further testing is required.

An appointment has been scheduled for you at \_\_\_\_\_ (Date/Time)

\_\_\_\_\_  
(Clinic/Hospital)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

**OR**

Please call \_\_\_\_\_ (Name/Phone) to schedule an appointment.

**Please take this card with you to your baby's doctor and audiologist appointments.**

For more information or assistance in locating follow-up service providers, please contact the **Early Hearing Detection & Intervention Program** at

**1-800-322-3722** ✦ **www.illinoissoundbeginnings.org** ✦ **e-mail: ilsound@uic.edu**

# A PASS is not a PASS for life. Watch for these milestones:

## BIRTH TO 3 MONTHS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Reacts to loud sounds                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is soothed by your voice                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turns head to you when you speak                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is awakened by loud voices and sounds              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Smiles when spoken to                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Seems to know your voice and quiets down if crying | <input type="checkbox"/> | <input type="checkbox"/> |

## 3 TO 6 MONTHS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Looks upward or turns toward a new sound             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Responds to “no” and changes in tone of voice        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Imitates his/her own voice                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys rattles and other toys that make sounds       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Begins to repeat sounds (i.e., “ooh”, aah”, “ba-ba”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Becomes scared by a loud voice                       | <input type="checkbox"/> | <input type="checkbox"/> |

## 6 TO 10 MONTHS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Responds to his/her own name, telephone ringing, someone’s voice, even when not loud | <input type="checkbox"/> | <input type="checkbox"/> |
| • Knows words for common things (cup, shoe) and sayings (“bye-bye”)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Makes babbling sounds, even when alone   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Starts to respond to requests such as “come here”                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| • Looks at things when someone talks about them  | <input type="checkbox"/> | <input type="checkbox"/> |

## 10 TO 15 MONTHS

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Plays with own voice, enjoying the sound and feel of it                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Points to or looks at familiar objects or people when asked to do so      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Imitates simple words and sounds; may use a few single words meaningfully | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys games like peek-a-boo and pat-a-cake                               | <input type="checkbox"/> | <input type="checkbox"/> |

## 15 TO 18 MONTHS

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Follows simple directions, such as “give me the ball” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uses words s/he has learned often                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uses 2-3 word sentences to talk about/ask for things  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Knows 10 to 20 words                                  | <input type="checkbox"/> | <input type="checkbox"/> |

## 18 TO 24 MONTHS

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Understands simple “yes-no” questions (“Are you hungry?”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands simple phrases (“in the cup”, “sit down”)     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys being read to                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Points to pictures when asked                             | <input type="checkbox"/> | <input type="checkbox"/> |

## 24 TO 36 MONTHS

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| • Understands “not now” and “no more”                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chooses things by size (big, little)               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Follows simple directions such as “get your shoes” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands many action words (jump, dance, run)   | <input type="checkbox"/> | <input type="checkbox"/> |

If you ever have concerns regarding your child’s hearing, contact your baby’s doctor. For help finding an audiologist, contact: **UIC-Specialized Care for Children at 1-800-322-3722 or ehdi-pals.org**