

# WISCONSIN'S EARLY HEARING DETECTION AND INTERVENTION MATERIALS

**SCREENING INFORMATION** – Given to families prior to or at time of hearing screening: “A Sound Beginning for Your Baby” brochure (Rev. 06/2008)



- English: P-44512
- Spanish: P-44512S

To order free copies of this material go to:

<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to: [dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**“Infant Hearing Screening: For a Sound Future”** DVD (2008) approx. 12 minutes – Informs families about the importance of newborn hearing screening, follow-up, and possible next steps.

One DVD has three language tracks: English, Spanish, and Hmong



To order free copies of this DVD contact:

[ravi.shah@dhs.wisconsin.gov](mailto:ravi.shah@dhs.wisconsin.gov)

608-261-7654

## FOR USE IN A PATIENT'S INDIVIDUAL MEDICAL FILE:

**“WI Sound Beginnings Program: Early Hearing Detection and Intervention (EHDI) Care Map”** (Rev. 02/2009) – documents steps taken in the hearing screening and if needed, diagnostic stages.

WISCONSIN SOUND BEGINNINGS PROGRAM Early Hearing Detection and Intervention (EHDI) Care Map		Patient Name: _____
		Date of Birth: ____/____/____
<b>Birth</b>	<b>Hospital-based Inpatient Screening Results (OAE/AABR)</b> DATE: ____/____/____ (also Home Births) Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> GBYS Follow-Through Card signed & sent to Parent Guide	<b>Ongoing Care of All Infants<sup>10</sup></b> <input type="checkbox"/> Provide parents with information about hearing, speech, and language milestones <input type="checkbox"/> Provide parents with information about a genetic cause to hearing loss <input type="checkbox"/> Identify and aggressively treat middle ear disease <input type="checkbox"/> Vision screening and referral as needed <input type="checkbox"/> Ongoing developmental surveillance / referral <input type="checkbox"/> Referrals to otolaryngology and genetics, as needed <input type="checkbox"/> Risk indicators for late onset hearing loss (refer for audiologic monitoring)
<b>Before 15 months</b>	<b>Outpatient Screening Results (OAE/AABR)</b> DATE: ____/____/____ Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> GBYS Follow-Through Card signed & sent to Parent Guide	<b>Service Provider Contact Information</b> Medical Home: _____ Pediatric Audiologist: _____ Birth to 3 Contact: _____ Guide by Your Side Contact: _____
<b>Before 3 months</b>	<input type="checkbox"/> Pediatric Diagnostic Audiology Evaluation <input type="checkbox"/> Degree and configuration of hearing loss confirmed <input type="checkbox"/> Documented child and family auditory history <input type="checkbox"/> Received copy of Confirmation of Hearing Loss form from Audiologist <input type="checkbox"/> Refer to Birth to 3 (IDEA, Part C) - First Step: 1-800-642-7837 <input type="checkbox"/> Medical & Otologic Evaluations to recommend treatment and provide clearance for hearing aid fitting <input type="checkbox"/> Pediatric Audiologic hearing aid fitting and monitoring <input type="checkbox"/> Family received "Hearing & Hearing Loss Notebook for Families" <input type="checkbox"/> Family referred to Guide By Your Side: 1-800-556-8556	<b>Regional Center Contact:</b> _____ <b>Other:</b> _____
<b>Before 4 months</b>	<input type="checkbox"/> Enrollment in Birth to 3 (IDEA, Part C) (transition to Part B at 3 years of age) <b>Medical Evaluations</b> to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annually) <input type="checkbox"/> Genetic <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) <input type="checkbox"/> Ongoing Pediatric Audiologic Services	<b>Adapted from a document created by:</b> American Academy of Pediatrics NCHAM <small>© 2009 by the National Center on Hearing Loss Prevention and Control</small>

(6) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiology Evaluation. However, efforts at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiology Evaluation.  
 (8) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiology Evaluation.  
 (10) Includes infants whose parents refused initial or follow-up hearing screening.

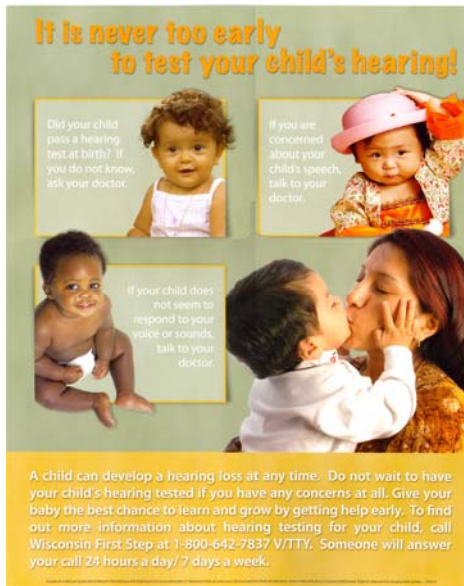
To order free copies of this document contact:

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608-261-7654

## TO INCREASE HEARING SCREENING AWARENESS:

### “It Is Never Too Early” 16”x24” poster



- English: P-40131
- Spanish: P-40131S
- Hmong: P-40131H

To order free copies of this material go to:

<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to: [dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**FOLLOW-THROUGH** – Offered to families when an infant Does Not Pass (Refers) after a hearing screening:

### “Guide By Your Side Follow-Through” postcard



- English: P-40123A (Rev. 11/08)
- Spanish: P-40123AS (Rev. 11/08)
- Hmong: P-40123AH (Rev. 2006)

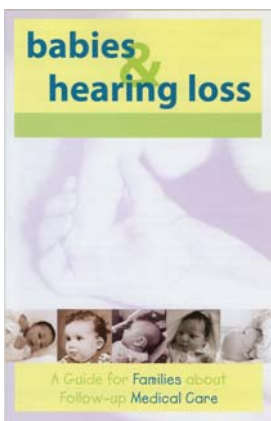
To order free copies of this material go to:

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E-mail completed forms to: [dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**DIAGNOSIS OF HEARING LOSS** – Given to families at time of diagnosis:

### “Babies & Hearing Loss” brochure (Rev. 2007)



- English: P-40055
- Spanish: P-40055S

To order free copies of this material go to:

<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

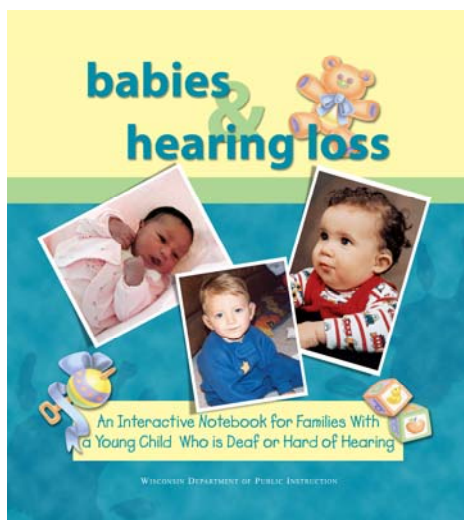
E-mail completed forms to: [dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**Additional resource for families with a child who is deaf or hard of hearing:**

**“Babies and Hearing Loss: An Interactive Notebook for Families with a Young Child who is Deaf or Hard of Hearing”**

This comprehensive notebook is given to families by the audiologist who completed the child’s diagnostic evaluation. This notebook includes information on: bonding with your child, resources for family support, facts on hearing loss and tests, communication options, intervention services, and materials to help families keep organized. Anyone can access the notebook at:

<http://www.infanthearing.org/familysupport/wisconsin/index.html>



Audiologists may order free copies for families by contacting:

[karen.waite@wesp-dhh.wi.gov](mailto:karen.waite@wesp-dhh.wi.gov)