# Letter template introducing the EHDI Program to

# Early Care and Education Providers

# (Revise to meet your needs)

Dear Early Care and Education Provider,

I am reaching out to you from the ***State*** Early Hearing Detection and Intervention (EHDI) program. Historically, our program has focused on overseeing newborn hearing screening and follow-up activities. Over the years, our EHDI system has collaborated with a diverse set of programs, professionals and family members, including hospitals, birthing centers, audiologists, deaf educators, early intervention programs and family-based organizations. Together, our aim has been to ensure that infants receive a hearing screening no later than 1 month of age; infants not passing receive diagnostic assessment no later than 3 months of age; and for those identified as deaf or hard of hearing, entry into early intervention services no later than 6 months of age.

As we continue to follow these EHDI 1-3-6 guidelines, we are also aware that not all children who are deaf or hard of hearing can be identified at birth. Children may experience late-onset hearing loss at any time. Data suggests that the incidence of permanent hearing loss doubles between birth and the time that children enter school. For this reason, our EHDI program is expanding its focus to include the development of an infrastructure that supports the ongoing identification of children who are deaf or hard of hearing up to three years of age. We would therefore like to introduce you to the resources we have at ***website.*** We would also like to learn about your current practices that may potentially contribute to the ongoing identification of children with hearing loss and find ways to work together to ensure that children and families have access to needed early intervention and support.

Please take a moment to complete and return the attached questionnaire so that we can learn about your current practices and training and technical assistance needs. We look forward to getting better acquainted and sharing resources that will benefit your program and the children you serve.

Sincerely,

# Birth-to-Three Hearing Screening

# Training & Technical Assistance Needs Survey

After the newborn period, the recommended hearing screening method for children up to three years of age is called Otoacoustic Emissions (OAE) screening. Some early care and education providers have already adopted this method; others have not yet learned about its potential use in helping to identify young children with permanent, late-onset hearing loss. No matter where you are in the process, we are eager to provide assistance.

Please describe your current hearing screening practices and interests so that we can identify the most relevant resources for you at this time.

#### 1) Do you currently use the OAE hearing screening method with any children 0 - 3 years of age that you serve?

[ ] Yes – **If yes, approximately what percentage of the children birth to three years of age that you serve are currently screened using the OAE method?** \_\_\_\_\_\_%

[ ] No – **If no, what plans, if any, do you have to adopt OAE hearing screening?**

[ ] Plan to adopt OAE within a year

[ ] Hope to adopt OAE within the next 2-5 years

[ ] No current plans to adopt OAE screening

#### 2) For children 0 - 3 years of age NOT screened using the OAE method, indicate how often each of the following methods are used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Always** | **Frequently** | **Sometimes** | **Seldom** | **Never** |
| Developmental checklist | [ ] | [ ] | [ ] | [ ] | [ ] |
| Parent report | [ ] | [ ] | [ ] | [ ] | [ ] |
| Noisemakers (bell, finger snapping, etc.) | [ ] | [ ] | [ ] | [ ] | [ ] |
| Healthcare Provider report | [ ] | [ ] | [ ] | [ ] | [ ] |
| Newborn hearing screening results | [ ] | [ ] | [ ] | [ ] | [ ] |
| Testing by an audiologist | [ ] | [ ] | [ ] | [ ] | [ ] |
| Other | [ ] | [ ] | [ ] | [ ] | [ ] |

#### 3) Indicate if you would like to receive more information about evidence-based hearing screening methods for young children:

[ ] Yes [ ] Not now

#### 4) What do you and/or your staff need for developing, implementing or sustaining OAE hearing screening practices in the future? (Check all that apply)

[ ] Introductory information

[ ] Assistance finding a local audiologist who can provide training/technical assistance

[ ] Options for funding the purchase of OAE equipment or disposable probe covers

[ ] Help with selecting appropriate OAE equipment

[ ] Assistance with designing and planning for screening and follow-up

[ ] Training on how to conduct OAE screening with children of a variety of ages

[ ] Training for how to screen children who may be difficult to screen

[ ] Training and resources related to an appropriate OAE screening and follow-up protocol

[ ] Resources/forms for documenting screening and follow-up outcomes

[ ] Tracking and follow-up data-base system

[ ] Resources to facilitate referrals and follow-up when children do not pass the screening

[ ] Resources to support and serve children identified with permanent hearing loss

[ ] No needs at this time

### 5) Please indicate any other needs or unanswered questions you have about OAE hearing screening for children birth to three years of age.

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#### Information About Your Service Setting

#### 6) Which of the following best describes the primary service setting in which you work and about which you are answering these questions:

[ ] Early Head Start, Migrant Head Start, or American Indian/Alaska Native Head Start

[ ] Part C Early Intervention Program

[ ] Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

[ ] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

[ ] Primary Health Care

[ ] Day care

[ ] Preschool (other than Head Start)

[ ] Other - Write In (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 7) Approximately how many children birth to three years of age are served in your program or service setting on an annual basis?

\_\_\_\_\_\_\_\_

### Program and Contact Information Be sure to give us your information so that we can respond to you.

First/Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name (spelled out): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR YOUR RESPONSE!**

**WE HOPE WE CAN BE OF ASSISTANCE.**