

## MEMORANDUM

To: Persons Responsible for Hearing Screening

From: Rebecca Streit, Executive Director  
Judith Elkayam, Barbara Wagner, and Fotini Wickman, Audiologists  
Sheryl Goldman and Melissa Wells, Program Supervisors

Date: September 8, 2011

Re: **Audiologic Review** (Hearing Screening Follow-Up Procedures)

The Special Education Coordinator of your District has identified you as one of the persons responsible for conducting hearing screenings. The success of any screening program is largely determined by its follow-up procedures. The issue of appropriate follow-up was addressed in an Administrative Bulletin issued August 10, 1993, by Gail Lieberman, Assistant Superintendent, Department of Special Education. She states that **information regarding hearing screening failures should be transferred from the school nurse, public health nurse or technician... and be forwarded to the special education director, supervisor of hearing impaired programs, or child-find coordinator.** The LICA program for students who are deaf and hard of hearing has been designated, under the provisions of the Child Hearing Test Act, to assist you in these follow-up procedures, termed AUDIOLOGIC REVIEW.

The attached materials explain an AUDIOLOGIC REVIEW and the manner in which LICA can facilitate your compliance with the Child Hearing Test Act and aforementioned administrative memo.

If you would like an in-service with one of our audiologists, please contact the LICA office at 847/803-9444.

## AUDIOLOGIC REVIEW

The Rules and Regulations of the Child Hearing Test Act outline procedures for hearing screening and follow-up. After a child has failed two hearing screenings, and then it is found that thresholds meet referral criteria, the child should be referred to a physician. At the same time, information should be obtained from the classroom teacher regarding the student's academic performance. After no more than a few weeks, the results of the threshold test, medical examination and teacher's report should be reviewed to determine an appropriate course of audiologic and educational management. The analysis of all that information is called an **Audiologic Review**.

The **Audiologic Review** should be undertaken by personnel with expertise in the area of childhood hearing loss. As the public school agency that has been designated by your school district to assist with the educational management of children with hearing loss, LICA has personnel and procedures in place for Audiologic Review.

When an Audiologic Review occurs at LICA, information sent by local district personnel is reviewed by an audiologist and teacher of students who are deaf or hard-of-hearing. That information is then returned to the local district, along with a cover memo outlining recommendations for follow-up. **Audiologic Review is a component of the state-mandated hearing screening procedures. There is no contact with the child or parent, and no changes in educational programming are recommended or made. Consequently, there is no requirement for parent consent or a completed referral form in order for the information to be sent to LICA.**

## PROCEDURES FOR AUDIOLOGIC REVIEW

1. Child fails two hearing screenings and a threshold audiogram is obtained.
2. If thresholds meet referral criteria, the following steps should be taken simultaneously:
  - Parents are sent a green copy of the audiogram, with a request to have the child seen by a physician.
  - The classroom teacher completes a S.I.F.T.E.R (sample enclosed). Clean copies of the S.I.F.T.E.R. can be downloaded from the website [www.hear2learn.com](http://www.hear2learn.com), or from the [LICA website](#).
3. As soon as the information from the physician and teacher is returned to the person at school who is responsible for hearing screenings, that individual sends the information to LICA along with the pink copy of the original audiogram\* for ***Audiologic Review***. If medical information is not received at school within four weeks, all available information should be sent to LICA, along with a note describing whatever medical information is known (e.g.; parents have not made an appointment yet, this is a known hearing loss and child has already seen a physician, etc.) **A LICA referral is not needed for this to occur. The parent and child will not be contacted, a file will not be opened, nor will any educational changes be made or recommended.**
4. The above information is reviewed (within a few days of receipt) at LICA by an audiologist and a teacher of students who are hard-of-hearing or deaf. All information is returned to the local district, along with a cover memo describing a recommended course of action.

\*and any additional hearing test results

## AUDIOLOGIC REVIEW: FREQUENTLY ASKED QUESTIONS

### **1. For which children should an Audiologic Review be conducted?**

- All children whose thresholds meet IDPH referral criteria

### **2. Can or should information on any other children be sent for review?**

- Children whose hearing is being monitored by the school nurse (audiogram only)
- Children who repeatedly fail hearing screenings and for whom medical management is not successful, or not pursued
- Children whose thresholds may not meet referral criteria, but for whom there is concern about hearing ability (audiogram and statement of concern)

### **3. Why should information be sent in for review if the physician says everything is okay?**

- The physician's examination is not the same as a hearing test. Many types of hearing loss are "invisible". A child's ears can look normal upon examination, but a significant hearing loss can still exist.

### **4. Why should information be sent in for review if results of a follow-up hearing test indicate that hearing is normal?**

- The definition of "normal hearing" varies even among audiologists, and is different for adults and children. Not all definitions are accurate. Having the information reviewed by audiologists and teachers with expertise in childhood hearing loss provides for greater uniformity of interpretation. It also helps ensure that children with hearing loss have an opportunity to receive the audiologic and educational services to which they are entitled.

### **5. Which audiologist should be contacted if there is a question regarding procedures or a specific child?**

- Fotini Wickman: MTSEP School Districts (62, 63, 64, 207)
- Judy Elkayam: NSSED School Districts (27, 28, 29, 30, 31, 34, 35, 36, 38, Lake Bluff 65, Lake Forest 67, 106, 109, 112, 113, 115, 203, 225)  
NTDSE School Districts (Golf 67, 68, 69, 70, 71, 72, 73, 73.5, 74)  
WCSEA School Districts (37,39)  
Evanston/Skokie School District #65  
High School Districts #202 and #219
- Barb Wagner: NSSEO School Districts (21, 23, 25, 26, 57, 59, 211, 214)

## LICA PROCEDURES

| What task?  | For whom?   | Who does it?   | What occurs?  | What forms are used?   | Comments   |
|---|---|--|---|--|--|
| <b>Hearing Screening</b>  | <b>All children:</b><br>as per Illinois Department of Public Health (IDPH) guidelines   | Local districts  | Hearing screening as defined by Child Hearing Testing Act   | Illinois Department of Public Health (IDPH) audiogram  | <ul style="list-style-type: none"> <li>• Child not seen at LICA</li> <li>• Parents not contacted</li> </ul>  |
| <b>Audiologic Review</b>  | <b>Any child:</b><br>who meets referral criteria after a hearing screening  | LICA Educational Screening Committee (audiologists and teachers of students who are deaf and hard of hearing).   | Information is reviewed and returned to district with recommendations for further action.   | <ul style="list-style-type: none"> <li>• IDPH audiogram (pink)</li> <li>• S.I.F.T.E.R. - copies can be downloaded from <a href="http://hear2learn.com">hear2learn.com</a> or <a href="#">LICA website</a></li> <li>• Treating Physicians Report</li> <li>• <b>NO LICA REFERRAL NEEDED</b></li> </ul> | <ul style="list-style-type: none"> <li>• Child not seen at LICA</li> <li>• Parents not contacted</li> </ul>  |
| <b>Audiologic Evaluation</b>  | <p><b>Any child:</b></p> <ul style="list-style-type: none"> <li>• for whom it is recommended after an Audiologic Review</li> <li>• whose hearing can't be screened</li> <li>• who is new to the school and wears hearing aid(s) or a cochlear implant</li> <li>• for whom an ALD* is being considered</li> <li>• for whom previous arrangements have been made</li> </ul> | LICA audiologist   | <ul style="list-style-type: none"> <li>• Audiologic evaluation (or review of available audiologic information, in the case of ALD* consideration)</li> <li>• Immediate parent feedback</li> <li>• Report to referral source.</li> </ul> | LICA referral form - available on <a href="#">LICA website</a>   | <ul style="list-style-type: none"> <li>• Parents called for appointment by LICA</li> <li>• Children seen at LICA</li> </ul>                                |
| <p>*Assistive Listening Device</p> <p><b>Review of Records</b><br/>or<br/><b>Special Education Evaluation</b></p> | <p><b>Any child:</b></p> <ul style="list-style-type: none"> <li>• for whom it is recommended after an Audiologic Evaluation</li> <li>• who wears hearing aid(s) and is experiencing academic difficulty</li> <li>• who wears hearing aid(s) or a cochlear implant and is already in a special education placement</li> </ul>  | <p><b>Review of records:</b></p> <p>LICA Evaluation Team (social worker, audiologist, speech/language diagnostician, psychologist, or teacher of students who are deaf and hard of hearing).</p> <p><b>Evaluation:</b><br/>Determined at domain meeting but may include any of the above personnel</p> | <p><b>Review of records:</b></p> <p>Previously obtained evaluation results reviewed by LICA team</p> <p><b>Evaluation:</b></p> <p>Full evaluation with IEP to follow</p>  | LICA referral form - available on <a href="#">LICA website</a>   | Recommendation is sent back to referral source regarding eligibility for LICA services and/or need for additional testing. <b>(review of records only)</b> |

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
in cooperation with

White - Health File  
Green - Physician's Referral  
Pink - Education

Date \_\_\_\_\_

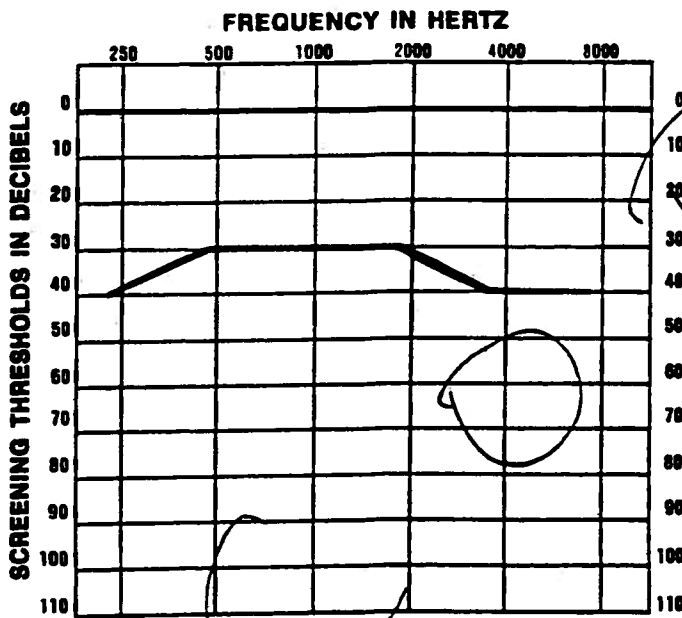
Test Number \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Initial) (Month) (Day) (Year)

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (Area Code) (Number)

Address \_\_\_\_\_ County \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

Testing Location \_\_\_\_\_ Testing Agency \_\_\_\_\_



Tester \_\_\_\_\_

Audiometer & Serial Number \_\_\_\_\_

Audiogram Code  
(Air Conduction)

Right Ear - 0 (Red)

Left Ear - X (Blue)

NOTE: This screening audiogram is plotted on ISO or ANSI reference levels.

Pure Tone Average of the Speech Frequencies  
(500 - 1000 - 2000 Hz.)

Right \_\_\_\_\_ dB

Left \_\_\_\_\_ dB

Test Environment: (Check One)  Satisfactory  Unsatisfactory

Responses: (Check One)  Reliable  Unreliable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Referral Purposes - CHECK AND SIGN WHERE APPROPRIATE

Minimum Criteria for Referral - (Medical - Educational)

1. Any two speech frequencies (500 - 1000 - 2000 Hz.) in the same ear which fall on or below the solid green line, OR

2. Any two consecutive frequencies (250-500) (2000 - 4000) (4000 - 8000) Hz. in the same ear which fall on or below the solid green line.

Referred - Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
in cooperation with

White - Health File  
Green - Physician's Referral  
Pink - Education

Date \_\_\_\_\_

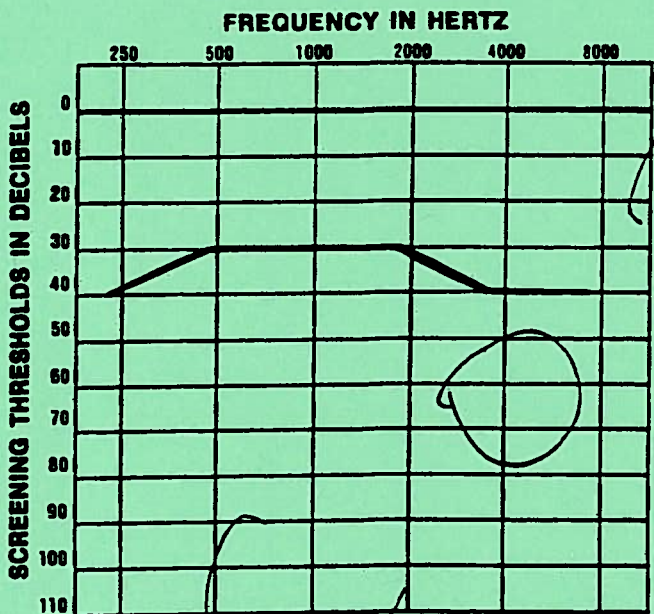
Test Number \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Initial) (Month) (Day) (Year)

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (Area Code) (Number)

Address \_\_\_\_\_ County \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

Testing Location \_\_\_\_\_ Testing Agency \_\_\_\_\_



Tester \_\_\_\_\_

Audiometer & Serial Number \_\_\_\_\_

Audiogram Code  
(Air Conduction)

Right Ear - O (Red)

Left Ear - X (Blue)

NOTE: This screening audiogram is plotted on ISO or ANSI reference levels.

Pure Tone Average of the Speech Frequencies  
(500 - 1000 - 2000 Hz.)

Right \_\_\_\_\_ dB Left \_\_\_\_\_ dB

Test Environment: (Check One)  Satisfactory  Unsatisfactory

Responses: (Check One)  Reliable  Unreliable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Referral Purposes - CHECK AND SIGN WHERE APPROPRIATE

Minimum Criteria for Referral - (Medical - Educational)

- 1. Any two speech frequencies (500 - 1000 - 2000 Hz.) in the same ear which fall on or below the solid green line, OR
- 2. Any two consecutive frequencies (250-500) (2000 - 4000) (4000 - 8000) Hz. in the same ear which fall on or below the solid green line.

Referred - Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
in cooperation with

White - Health File  
Green - Physician's Referral  
Pink - Education

Date \_\_\_\_\_

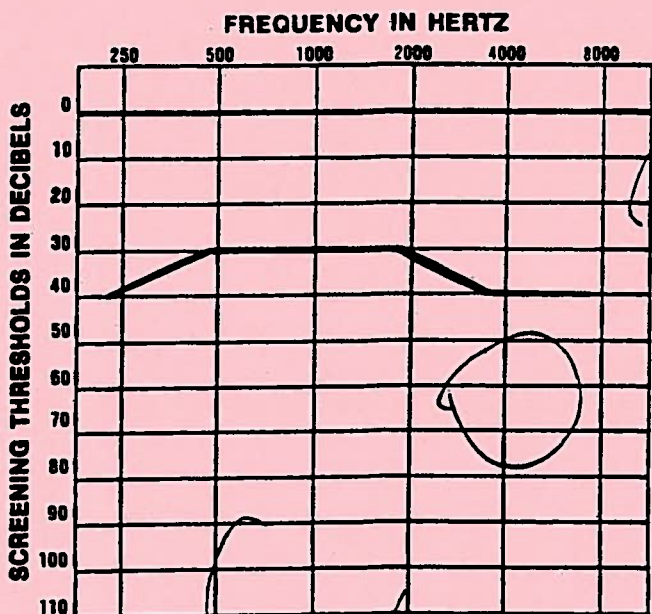
Test Number \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Initial) (Month) (Day) (Year)

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (Area Code) (Number)

Address \_\_\_\_\_ County \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

Testing Location \_\_\_\_\_ Testing Agency \_\_\_\_\_



Tester \_\_\_\_\_

Audiometer & Serial Number \_\_\_\_\_

Audiogram Code  
(Air Conduction)

Right Ear - O (Red)

Left Ear - X (Blue)

NOTE: This screening audiogram is plotted on ISO or ANSI reference levels.

Pure Tone Average of the Speech Frequencies  
(500 - 1000 - 2000 Hz.)

Right \_\_\_\_\_ dB Left \_\_\_\_\_ dB

Test Environment: (Check One)  Satisfactory  Unsatisfactory

Responses: (Check One)  Reliable  Unreliable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Referral Purposes - CHECK AND SIGN WHERE APPROPRIATE

Minimum Criteria for Referral - (Medical - Educational)

1. Any two speech frequencies (500 - 1000 - 2000 Hz.) in the same ear which fall on or below the solid green line, OR

2. Any two consecutive frequencies (250-500) (2000 - 4000) (4000 - 8000) Hz. in the same ear which fall on or below the solid green line.

Referred - Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

TEACHER COMMENTS

Has this child repeated a grade, had frequent absences or experienced health problems (including ear infections and colds)? Has the student received, or is he/she now receiving, special services? Does the child have any other health problems that may be pertinent to his/her educational functioning?

Be  
May

Duplicated

The S.I.F.T.E.R. is a SCREENING TOOL ONLY

Any student failing this screening in a content area as determined on the scoring grid below should be considered for further assessment, depending on his/her individual needs as per school district criteria. For example, failing in the Academics area suggests an educational assessment, in the Communication area a speech-language assessment, and in the School Behavior area an assessment by a psychologist or a social worker. Failing in the Attention and/or Class Participation area in combination with other areas may suggest an evaluation by an educational audiologist. Children placed in the marginal area are at risk for failing and should be monitored or considered for assessment depending upon additional information.

SCORING

Sum the responses to the three questions in each content area and record in the appropriate box on the reverse side and under Total Score below. Place an X on the number that corresponds most closely with the content area score (e.g., if a teacher circled 3, 4 and 2 for the questions in the Academics area, an X would be placed on the number 9 across from the Academics content area). Connect the X's to make a profile.

| CONTENT AREA                      | TOTAL SCORE | PASS |    |    |    |    |    | MARGINAL | FAIL |
|-----------------------------------|-------------|------|----|----|----|----|----|----------|------|
|                                   |             | 15   | 14 | 13 | 12 | 11 | 10 |          |      |
| ACADEMICS                         |             |      |    |    |    |    |    |          |      |
| ATTENTION                         |             |      |    |    |    |    |    |          |      |
| COMMUNICATION CLASS PARTICIPATION |             |      |    |    |    |    |    |          |      |
| SOCIAL BEHAVIOR                   |             |      |    |    |    |    |    |          |      |

S.I.F.T.E.R.

SCREENING INSTRUMENT FOR TARGETING EDUCATIONAL RISK  
by Karen L. Anderson, Ed.S., CCC-4

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_  
DATE COMPLETED \_\_\_\_\_ SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_

The above child is suspect for hearing problems which may or may not be affecting his/her school performance. This rating scale has been designed to sift out students who are educationally at risk possibly as a result of hearing problems. Based on your knowledge from observations of this student, circle the number best representing his/her behavior. After answering the questions, please record any comments about the student in the space provided on the reverse side.

1. What is your estimate of the student's class standing in comparison of that of his/her classmates?  
 UPPER 5 4 3 2 1 LOWER  
 EQUAL 5 4 3 2 1 MUCH LOWER  
 UPPER 5 4 3 2 1 LOWER

2. How does the student's achievement compare to your estimation of his/her potential?  
 UPPER 5 4 3 2 1 LOWER

3. What is the student's reading level, reading ability group or reading readiness group in the classroom (e.g., a student with average reading ability performs in the middle group)?  
 UPPER 5 4 3 2 1 LOWER

4. How distractible is the student in comparison to his/her classmates?  
 NOT VERY 5 4 3 2 1 VERY  
 LONGER 5 4 3 2 1 SHORTER  
 NEVER 5 4 3 2 1 OCCASIONALLY FREQUENTLY

5. What is the student's attention span in comparison to that of his/her classmates?  
 LONGER 5 4 3 2 1 SHORTER  
 NEVER 5 4 3 2 1 OCCASIONALLY FREQUENTLY

6. How often does the student become confused when responding to oral directions (e.g., "Turn to page...")?  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW

7. How does the student's comprehension compare to the average understanding ability of his/her classmates?  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW

8. How does the student's vocabulary and word usage skills compare with those of other students in his/her age group?  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW  
 ABOVE 5 4 3 2 1 BELOW

9. How proficient is the student at telling a story or relating happenings from home when compared to classmates?  
 FREQUENTLY 5 4 3 2 1 NEVER  
 ALWAYS 5 4 3 2 1 SELDOM  
 NEVER 5 4 3 2 1 FREQUENTLY

10. How often does the student volunteer information to class discussions or in answer to teacher questions?  
 FREQUENTLY 5 4 3 2 1 NEVER  
 ALWAYS 5 4 3 2 1 SELDOM  
 NEVER 5 4 3 2 1 FREQUENTLY

11. With what frequency does the student complete his/her class and homework assignments within the time allocated?  
 FREQUENTLY 5 4 3 2 1 NEVER  
 ALWAYS 5 4 3 2 1 SELDOM  
 NEVER 5 4 3 2 1 FREQUENTLY

12. After instruction, does the student have difficulty starting to work (looks at other students working or asks for help)?  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY

13. Does the student demonstrate any behaviors that seem minimal or inappropriate when compared to other students?  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY

14. Does the student become frustrated easily, sometimes to the point of losing emotional control?  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY  
 NEVER 5 4 3 2 1 FREQUENTLY

15. In general, how would you rank the student's relationship with peers (ability to get along with others)?  
 GOOD 5 4 3 2 1 POOR  
 GOOD 5 4 3 2 1 POOR  
 GOOD 5 4 3 2 1 POOR

# S.I.F.T.E.R.

## SCREENING INSTRUMENT FOR TARGETING EDUCATIONAL RISK

*by Karen L. Anderson, Ed.S., CCC-A*

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_ SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_

The above child is suspect for hearing problems which may or may not be affecting his/her school performance. This rating scale has been designed to sift out students who are educationally at risk possibly as a result of hearing problems. Based on your knowledge from observations of this student, circle the number best representing his/her behavior. After answering the questions, please record any comments about the student in the space provided on the reverse side.

|  |                 |   |                   |   |                 |                            |   |
|--|-----------------|---|-------------------|---|-----------------|----------------------------|---|
| 1. What is your estimate of the student's class standing in comparison of that of his/her classmates?  | UPPER<br>5      | 4 | MIDDLE<br>3       | 2 | LOWER<br>1      | <b>ACADEMICS</b>           | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| 2. How does the student's achievement compare to your estimation of her/her potential?   | EQUAL<br>5      | 4 | LOWER<br>3        | 2 | MUCH LOWER<br>1 |                            |   |
| 3. What is the student's reading level, reading ability group or reading readiness group in the classroom (e.g., a student with average reading ability performs in the middle group)? | UPPER<br>5      | 4 | MIDDLE<br>3       | 2 | LOWER<br>1      |                            |   |
| 4. How distractible is the student in comparison to his/her classmates?  | NOT VERY<br>5   | 4 | AVERAGE<br>3      | 2 | VERY<br>1       | <b>ATTENTION</b>           | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| 5. What is the student's attention span in comparison to that of his/her classmates?   | LONGER<br>5     | 4 | AVERAGE<br>3      | 2 | SHORTER<br>1    |                            |   |
| 6. How often does the student hesitate or become confused when responding to oral directions (e.g., "Turn to page . . .")?   | NEVER<br>5      | 4 | OCCASIONALLY<br>3 | 2 | FREQUENTLY<br>1 |                            |   |
| 7. How does the student's comprehension compare to the average understanding ability of her/her classmates?  | ABOVE<br>5      | 4 | AVERAGE<br>3      | 2 | BELOW<br>1      | <b>COMMUNICATION</b>       | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| 8. How does the student's vocabulary and word usage skills compare with those of other students in his/her age group?  | ABOVE<br>5      | 4 | AVERAGE<br>3      | 2 | BELOW<br>1      |                            |   |
| 9. How proficient is the student at telling a story or relating happenings from home when compared to classmates?  | ABOVE<br>5      | 4 | AVERAGE<br>3      | 2 | BELOW<br>1      |                            |   |
| 10. How often does the student volunteer information to class discussions or in answer to teacher questions?   | FREQUENTLY<br>5 | 4 | OCCASIONALLY<br>3 | 2 | NEVER<br>1      | <b>CLASS PARTICIPATION</b> | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| 11. With what frequency does the student complete his/her class and homework assignments within the time allocated?  | ALWAYS<br>5     | 4 | USUALLY<br>3      | 2 | SELDOM<br>1     |                            |   |
| 12. After instruction, does the student have difficulty starting to work (looks at other students working or asks for help)?   | NEVER<br>5      | 4 | OCCASIONALLY<br>3 | 2 | FREQUENTLY<br>1 |                            |   |
| 13. Does the student demonstrate any behaviors that seem unusual or inappropriate when compared to other students?   | NEVER<br>5      | 4 | OCCASIONALLY<br>3 | 2 | FREQUENTLY<br>1 | <b>SCHOOL BEHAVIOR</b>     | <input style="width: 100%; height: 100%;" type="checkbox"/> |
| 14. Does the student become frustrated easily, sometimes to the point of losing emotional control?   | NEVER<br>5      | 4 | OCCASIONALLY<br>3 | 2 | FREQUENTLY<br>1 |                            |   |
| 15. In general, how would you rank the student's relationship with peers (ability to get along with others)?   | GOOD<br>5       | 4 | AVERAGE<br>3      | 2 | POOR<br>1       |                            |   |

## TEACHER COMMENTS

Has this child repeated a grade, had frequent absences or experienced health problems (including ear infections and colds)? Has the student received, or is he/she now receiving, special services? Does the child have any other health problems that may be pertinent to his/her educational functioning?

### The S.I.F.T.E.R. is a SCREENING TOOL ONLY

Any student failing this screening in a content area as determined on the scoring grid below should be considered for further assessment, depending on his/her individual needs as per school district criteria. For example, failing in the Academics area suggests an educational assessment, in the Communication area a speech-language assessment, and in the School Behavior area an assessment by a psychologist or a social worker. Failing in the Attention and/or Class Participation area in combination with other areas may suggest an evaluation by an educational audiologist. Children placed in the marginal area are at risk for failing and should be monitored or considered for assessment depending upon additional information.

### SCORING

Sum the responses to the three questions in each content area and record in the appropriate box on the reverse side and under Total Score below. Place an **X** on the number that corresponds most closely with the content area score (e.g., if a teacher circled 3, 4 and 2 for the questions in the Academics area, an X would be placed on the number 9 across from the Academics content area). Connect the **X**'s to make a profile.

| CONTENT AREA                      | TOTAL SCORE | PASS |    |    |    |    |    | MARGINAL |   |   | FAIL |   |   |   |  |
|-----------------------------------|-------------|------|----|----|----|----|----|----------|---|---|------|---|---|---|--|
| ACADEMICS                         |             | 15   | 14 | 13 | 12 | 11 | 10 | 9        | 8 | 7 | 6    | 5 | 4 | 3 |  |
| ATTENTION                         |             | 15   | 14 | 13 | 12 | 11 | 10 | 9        | 8 | 7 | 6    | 5 | 4 | 3 |  |
| COMMUNICATION CLASS PARTICIPATION |             | 15   | 14 | 13 | 12 | 11 | 10 | 9        | 8 | 7 | 6    | 5 | 4 | 3 |  |
| SOCIAL BEHAVIOR                   |             | 15   | 14 | 13 | 12 | 11 | 10 | 9        | 8 | 7 | 6    | 5 | 4 | 3 |  |

# Secondary S.I.F.T.E.R.

## Screening Instrument For Targeting Educational Risk in Secondary Students

By Karen L. Anderson, Ph.D.

This scale has been designed to screen for educational risk in secondary students that have hearing loss. The effects of hearing impairment are frequently invisible. Regular monitoring of performance can assist in determining if a student is successfully accessing verbal instruction in the typical classroom. Based on your observations and familiarity with this student, circle the number that best represents his or her behavior.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Class \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Student typically uses amplification? **Yes No** Type \_\_\_\_\_

|   |              |   |                 |                   |             |                     |
|---|--------------|---|-----------------|-------------------|-------------|---------------------|
| 1. How does the student's general foundation skills (i.e., reading level) compare to the difficulty of work expected in class?  | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  | Academics           |
| 2. How does the student's ability to summarize and draw conclusions about information presented in class compare to his/her class peers?  | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 3. How does the student's demonstration of academic skill growth compare to class peers/expectations?   | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 1. When called upon and asked a question, how often does the student appear to have been attending to teacher instruction? (he/she appears to understand the basis of the question) | Always<br>5  | 4 | Often<br>3      | 2                 | Rarely<br>1 | Attention           |
| 2. How successful is the student at avoiding distraction by noises, visual distractions, personal items, or activities unrelated to class instruction?                              | Always<br>5  | 4 | Often<br>3      | 2                 | Rarely<br>1 |                     |
| 3. How does the student's attention to detail compare to class peers/expectations (avoiding careless mistakes)?   | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 1. How well does the student communicate his/her needs to the teacher in comparison to class peers/expectations?  | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  | Communication       |
| 2. How does the student's word usage skills compare to class peers/expectations (i.e., written, verbal, signed vocabulary)?   | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 3. What is your estimate of the student's ability to assimilate teacher instruction (presented verbally or visually) in comparison to class peers/expectations?                     | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 1. In comparison to class peers, what is the student's present level of meaningful contribution to classroom discussions?   | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  | Class Participation |
| 2. To what level does the student demonstrate a recognition that participation is an integral part of the learning process?   | Above<br>5   | 4 | Average<br>3    | 2                 | Below<br>1  |                     |
| 3. During cooperative group activities, how often does the student interact with others to achieve the goals of group work?   | Always<br>5  | 4 | Often<br>3      | 2                 | Rarely<br>1 |                     |
| 1. How often does the student demonstrate respectful behavior toward others in class (peers and teacher)?   | Always<br>5  | 4 | Frequently<br>3 | Occasionally<br>2 | 1           | School Behavior     |
| 2. How often does the student follow classroom rules compared to class peers/expectations?  | Always<br>5  | 4 | Frequently<br>3 | Occasionally<br>2 | 1           |                     |
| 3. To what level does the student appear to be accepted by his/her peers?   | Popular<br>5 | 4 | Average<br>3    | Isolated<br>2     | 1           |                     |

## TEACHER COMMENTS

Has the student had frequent absences or experienced health problems? Does the student receive special services? Does the student have any problems that may be pertinent to his/her educational performance?

### THE SECONDARY SIFTER IS A SCREENING TOOL ONLY

Students scoring in the failing range have scored in a manner consistent with students that scored at greater than one standard deviation below the mean compared to a group of 97 secondary students (40 with normal hearing, 57 with hearing impairment). Students scoring in the marginal range have scored similar to test group students scoring below the mean and  $-1$  standard deviation. Scores falling within both PASS and MARGINAL range occur within the broad range of normal performance as compared to the test group. Students scoring in the pass range have scored in a manner consistent to those in the test group who were at or above the group mean. Any student failing this screening in a content area as determined on the scoring grid below should be considered for educational accommodations or services specific to improving the student's access to instruction and success in the regular classroom.

### SCORING

Sum the responses to the three questions in each content area, and record in the appropriate box under Total Score below. Place an X on the number that corresponds most closely with each content area score (e.g., if a teacher circled a 3, 4, and 2 for the Academics area, an X would be placed on the number 9 across from the Academics content area). Connect the X's to make a profile.

| CONTENT AREA        | TOTAL SCORE | PASS                | MARGINAL | FAIL             |
|---------------------|-------------|---------------------|----------|------------------|
| ACADEMICS           |             | 15 14 13 12 11 10   | 9 8      | 7 6 5 4 3 2 1    |
| ATTENTION           |             | 15 14 13 12 11 10   | 9 8 7    | 6 5 4 3 2 1      |
| COMMUNICATION       |             | 15 14 13 12 11 10   | 9 8      | 7 6 5 4 3 2 1    |
| CLASS PARTICIPATION |             | 15 14 13 12 11 10 9 | 8 7      | 6 5 4 3 2 1      |
| SCHOOL BEHAVIOR     |             | 15 14 13 12 11      | 10 9     | 8 7 6 5 4 3 2 1  |
|                     |             | +1 SD               | Mean     | -1 SD      -2 SD |

# PRESCHOOL S.I.F.T.E.R.

## Screening Instrument for Targeting Educational Risk in Preschool Children (age 3-Kindergarten)

by Karen L. Anderson, Ed.S. & Noel Matkin, Ph.D.

Child \_\_\_\_\_ Teacher \_\_\_\_\_ Age \_\_\_\_\_

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ District \_\_\_\_\_

The above child is suspect for hearing problems which may affect his/her ability to listen, pay attention, develop language, follow teacher instruction and learn normally. This rating scale has been designed to sift out children who are at risk for educational delay and who may need further evaluation. Based on your knowledge of this child, circle the number that best represents his/her behavior. If the child is a member of a class that has students with special needs, comparisons should be made to normal learning classmates or normal developmental milestones. Please share additional comments about the child on the reverse side of this form.

|   |                       |                 |                 |   |   |                     |                          |
|---|-----------------------|-----------------|-----------------|---|---|---------------------|--------------------------|
| 1. How well does the child understand basic concepts when compared to classmates (e.g., colors, shapes, etc.)?  | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 | PRE-ACADEMICS       | <input type="checkbox"/> |
| 2. How often is the child able to follow two-part directions?   | ALWAYS<br>5           | FREQUENTLY<br>4 | SELDOM<br>3     | 2 | 1 |                     |                          |
| 3. How well does the child participate in group activities when compared to classmates (e.g., calendar, sharing)?   | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 |                     |                          |
| 4. How distractible is the child in comparison to his/her classmates during large group activities?   | SELDOM<br>5           | OCCASIONAL<br>4 | FREQUENT<br>3   | 2 | 1 | ATTENTION           | <input type="checkbox"/> |
| 5. What is the child's attention span in comparison to classmates?  | LONGER<br>5           | AVERAGE<br>4    | SHORTER<br>3    | 2 | 1 |                     |                          |
| 6. How well does the child pay attention during a small group activity or story time?   | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 |                     |                          |
| 7. How does the child's vocabulary and word usage skills compare to classmates?   | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 | COMMUNICATION       | <input type="checkbox"/> |
| 8. How proficient is the child at relating an event when compared to classmates?  | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 |                     |                          |
| 9. How does the child's overall speech intelligibility compare to classmates (i.e., production of speech sounds)?   | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 |                     |                          |
| 10. How often does the child answer questions appropriately (verbal or signed)?   | ALMOST<br>ALWAYS<br>5 | FREQUENTLY<br>4 | SELDOM<br>3     | 2 | 1 | CLASS PARTICIPATION | <input type="checkbox"/> |
| 11. How often does the child share information during group discussions?  | ALMOST<br>ALWAYS<br>5 | FREQUENTLY<br>4 | SELDOM<br>3     | 2 | 1 |                     |                          |
| 12. How often does the child participate with classmates in group activities or group play?   | ALMOST<br>ALWAYS<br>5 | FREQUENTLY<br>4 | SELDOM<br>3     | 2 | 1 |                     |                          |
| 13. Does the child play in socially acceptable ways (i.e., turn taking, sharing)?   | ALMOST<br>ALWAYS<br>5 | FREQUENTLY<br>4 | SELDOM<br>3     | 2 | 1 | SOCIAL BEHAVIOR     | <input type="checkbox"/> |
| 14. How proficient is the child at using verbal language or sign language to communicate effectively with classmates (e.g., asking to play with another child's toy)? | ABOVE<br>5            | AVERAGE<br>4    | BELOW<br>3      | 2 | 1 |                     |                          |
| 15. How often does the child become frustrated, sometimes to the point of losing emotional control?   | NEVER<br>5            | SELDOM<br>4     | FREQUENTLY<br>3 | 2 | 1 |                     |                          |

**TEACHER COMMENTS:** (frequent absences, health problems, other problems or handicaps in addition to hearing?)

**The Preschool S.I.F.T.E.R. is a SCREENING TOOL ONLY.** The primary goal of the Preschool S.I.F.T.E.R. is to identify those children who are at-risk for developmental or educational problems due to hearing problems and who merit further observation and investigation. Analysis has revealed that two factors, expressive communication and socially appropriate behavior, discriminate children who are normal from those who are at-risk. The greater the degree of hearing problem, the greater the impact on these two factors and the higher the validity of this screening measure. If a child is found to be at-risk then the examiner is encouraged to calculate the total score in each of the five content areas. Analysis of the content area score may assist in developing a profile of the child's strengths and special needs. The profile may prove beneficial in determining appropriate areas for evaluation and developing an individual program for the child.

**SCORING**

There are two steps to the scoring process. First, enter scores for each of the indicated questions in the spaces provided and sum the total of the 6 questions for the expressive communication factor and then the 4 questions for the socially appropriate behavior factor. If the child's scores fall into the At-Risk category for either or both of these factors, then sum the 3 questions in each content area to develop a profile of the child's strengths and potential areas of need.

Enter circled response from reverse side for each indicated question

|                                   |    |                                      |
|-----------------------------------|----|--------------------------------------|
| <b>EXPRESSIVE COMMUNICATION</b>   | 1  | <b>SOCIALLY APPROPRIATE BEHAVIOR</b> |
|                                   | 2  |                                      |
|                                   | 3  |                                      |
|                                   | 4  |                                      |
|                                   | 5  |                                      |
|                                   | 6  |                                      |
|                                   | 7  |                                      |
|                                   | 8  |                                      |
|                                   | 9  |                                      |
|                                   | 10 |                                      |
|                                   | 11 |                                      |
|                                   | 12 |                                      |
|                                   | 13 |                                      |
|                                   | 14 |                                      |
|                                   | 15 |                                      |
| <b>Total Score</b><br>6 questions |    | <b>Total Score</b><br>4 questions    |

**EXPRESSIVE COMMUNICATION**  
(check one)

**PASS (14 - 30)**  
score range

**AT-RISK (6 - 13)**  
score range

**SOCIALLY APPROPRIATE BEHAVIOR**  
(check one)

**PASS (12 - 20)**  
score range

**AT-RISK (4 - 11)**  
score range

**SKILLS PROFILE**

| CONTENT AREA        | TOTAL SCORE<br>(enter) | PASS RANGE | AT-RISK RANGE | SCREENING RESULTS<br>(circle) |         |
|---------------------|------------------------|------------|---------------|-------------------------------|---------|
| PREACADEMICS        |                        | 7 - 15     | 3 - 6         | Pass                          | At-Risk |
| ATTENTION           |                        | 9 - 15     | 3 - 8         | Pass                          | At-Risk |
| COMMUNICATION       |                        | 9 - 15     | 3 - 8         | Pass                          | At-Risk |
| CLASS PARTICIPATION |                        | 7 - 15     | 3 - 6         | Pass                          | At-Risk |
| SOCIAL BEHAVIOR     |                        | 9 - 15     | 3 - 8         | Pass                          | At-Risk |

Sum the responses to the 3 questions in each content area from the reverse side. Enter the total score for each content area in the Total Score column above.

#

# Illinois Department of Public Health TREATING PHYSICIAN'S REPORT

|                |                    |                   |
|----------------|--------------------|-------------------|
| Name           | Date of Birth / /  | Screening Program |
| Parent's Name  | Screening Location |                   |
| Street Address | Referred By        |                   |
| City           | County             |                   |

## EAR EXAMINATION

|  |   |   |   |
|--|---|---|---|
| <b>AUDITORY CANAL</b><br>R L<br><input type="checkbox"/> <input type="checkbox"/> NO FINDINGS<br><input type="checkbox"/> <input type="checkbox"/> FINDINGS →  | <b>OCCLUDED</b><br>R L<br><input type="checkbox"/> <input type="checkbox"/> PARTIALLY<br><input type="checkbox"/> <input type="checkbox"/> COMPLETELY   | <b>OCCLUDED BY</b><br>R L<br><input type="checkbox"/> <input type="checkbox"/> CERUMEN<br><input type="checkbox"/> <input type="checkbox"/> FOREIGN BODY<br><input type="checkbox"/> <input type="checkbox"/> OTHER (DESCRIBE)                            | R L<br><input type="checkbox"/> <input type="checkbox"/> INFLAMMATION<br><input type="checkbox"/> <input type="checkbox"/> OTHER (DESCRIBE) |
| <b>DRUM</b><br>R L<br><input type="checkbox"/> <input type="checkbox"/> NO FINDINGS<br><input type="checkbox"/> <input type="checkbox"/> FINDINGS →<br><input type="checkbox"/> <input type="checkbox"/> NOT VISIBLE | R L<br><input type="checkbox"/> <input type="checkbox"/> DULL<br><input type="checkbox"/> <input type="checkbox"/> BULGING<br><input type="checkbox"/> <input type="checkbox"/> RETRACTED<br><input type="checkbox"/> <input type="checkbox"/> PERFORATED | R L<br><input type="checkbox"/> <input type="checkbox"/> SCARS<br><input type="checkbox"/> <input type="checkbox"/> OPAQUE<br><input type="checkbox"/> <input type="checkbox"/> RED<br><input type="checkbox"/> <input type="checkbox"/> OTHER (DESCRIBE) |   |

## NOSE AND THROAT EXAMINATION

|   |  |  |
|---|--|--|
| <b>TONSILS</b><br><input type="checkbox"/> REMOVED COMPLETELY<br><input type="checkbox"/> TONSILS PRESENT (NORMAL)<br><input type="checkbox"/> TONSILS PRESENT (ENLARGED) | <input type="checkbox"/> NO FINDINGS<br><input type="checkbox"/> CLEFT PALATE<br><input type="checkbox"/> REPAIRED <input type="checkbox"/> UNREPAIRED | <b>ORAL PHARYNX</b><br><input type="checkbox"/> POSTNASAL DISCHARGE<br><input type="checkbox"/> MOUTH BREATHING<br><input type="checkbox"/> OTHER (DESCRIBE) |
|---|--|--|

## DIAGNOSIS

|  |  |
|--|--|
| <input type="checkbox"/> CANAL OBSTRUCTIONS<br><input type="checkbox"/> SEROUS OTITIS MEDIA<br><input type="checkbox"/> DRUM PERFORATION<br><input type="checkbox"/> ALLERGIES<br><input type="checkbox"/> OTHER (DESCRIBE) _____<br>_____ | <input type="checkbox"/> CONDUCTIVE HEARING LOSS<br><input type="checkbox"/> SENSORI-NEURAL HEARING LOSS<br><input type="checkbox"/> CONFIRMED BY BONE CONDUCTION AUDIOMETRY<br><input type="checkbox"/> CONFIRMED BY TUNING FORK<br><input type="checkbox"/> MIXED HEARING LOSS<br><input type="checkbox"/> OTHER (DESCRIBE) _____<br>_____ |
|--|--|

COMMENTS \_\_\_\_\_

## TREATMENT

I SUGGEST A REPEAT AUDIOGRAM IN \_\_\_\_\_ WEEKS.

|  |                                 |
|--|---------------------------------|
| <b>RELEASE OF INFORMATION</b><br><b>CONSENT OF PARENT OR GUARDIAN</b><br>I agree to release the above information on my child or ward to appropriate health and/or school authorities.<br><br>_____<br>SIGNATURE OF PARENT OR GUARDIAN | Date of Examination / /         |
|  | Stamp or Print Physician's Name |
|  | Address                         |
|  |                                 |

PLEASE RETURN THIS FORM TO \_\_\_\_\_  
NAME OF SCHOOL

SAMPLE PARENT LETTER

Dear Parent or Guardian:

As requested by law, your child recently was given a hearing screening test. The results of this screening test indicate your child may have a hearing problem. Many hearing problems can be corrected with prompt medical attention. Your child should be taken to an ear specialist (otologist) or family doctor as soon as possible for an ear examination.

Along with this letter, you will find a green copy of your child's hearing test results, the doctor's report form, and an envelope with my name and address on it. You should then:

1. take the green copy of the test results and the doctor's report form when you go to the doctor;
2. have the doctor complete the report;
3. sign the lower left hand corner of the report; and
4. return the report to my office in the enclosed envelope.

I will need the results of the doctor's examination for your child's school health record. A review of your child's progress in school may also be made to determine if the hearing problem may be causing difficulty in the classroom, or if additional testing is needed. Of course, further testing will not be completed without your permission to do so.

We appreciate your interest and cooperation in this matter. If you have any questions, please feel free to contact me.

Sincerely,

Enclosures:

## MEMORANDUM

To: \_\_\_\_\_

From: Rebecca Streit, Executive Director  
Judith Elkayam, Barbara Wagner and Fotini Wickman, Audiologists  
Sheryl Goldman and Melissa Wells, Program Supervisors

Re: Audiologic Review

The attached information regarding: \_\_\_\_\_

was received at the LICA program for students who are deaf and hard-of-hearing and has been reviewed by a committee as outlined in the Rules and Regulations of the Child Hearing Test Act. It is being returned to you with the following recommendation(s):

\_\_\_ Re-submit this information along with the following:

- \_\_\_ Results of a more recent threshold test that you have obtained at school
- \_\_\_ Information on medical status
- \_\_\_ S.I.F.T.E.R.

\_\_\_ Refer the child to LICA for:

- \_\_\_ Audiologic evaluation
- \_\_\_ Educational monitoring (No testing is completed. Information is sent to the classroom teacher, and the student's academic progress is monitored annually.)

**Note:** Referrals must be sent with parent permission, through the local special education coordinator (all districts) and, for NTDSE and MTSEP only, the Joint Agreement Director.

\_\_\_ Monitor the child's hearing as follows:

- \_\_\_ Since the child has been identified with a permanent hearing loss, audiologic re-evaluation should occur on a regular basis. Please inform the parent that, if they desire, these re-evaluations can occur through LICA.

**REFERRAL FORM**

Parent was notified of LICA referral and had their rights and responsibilities explained and given in writing on: \_\_\_\_\_ by: \_\_\_\_\_. (This information is **REQUIRED**.)  
 Date Name of School Personnel

**I. STUDENT INFORMATION**

CHILD'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/ZIP \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_  
 DISTRICT OF RESIDENCE \_\_\_\_\_  
 GENDER MALE  FEMALE

PARENT(S) NAME(S) \_\_\_\_\_  
**PHONE NUMBERS:**  
 HOME \_\_\_\_\_  
 MOTHER WORK \_\_\_\_\_  
 MOTHER CELL \_\_\_\_\_  
 FATHER WORK \_\_\_\_\_  
 FATHER CELL \_\_\_\_\_

**II. SCHOOL INFORMATION**

SCHOOL \_\_\_\_\_  
 TEACHER \_\_\_\_\_  
 TYPE OF PLACEMENT \_\_\_\_\_  
 PRIMARY LANGUAGE \_\_\_\_\_  
 BILINGUAL/ESL/ELL YES  NO   
 INTERPRETER NEEDED YES  NO   
 If YES, please check: Parent  Student   
 LANGUAGE: \_\_\_\_\_

**SPECIAL ED/RELATED SERVICES STUDENT IS RECEIVING:**  
 OCCUPATIONAL THERAPY   
 PHYSICAL THERAPY   
 SPEECH/LANGUAGE   
 LEARNING DISABILITY   
 SOCIAL WORK   
 VISION   
 ASSISTIVE TECH.   
 OTHER: \_\_\_\_\_

**III. REFERRAL SOURCE**

NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_

**IV. REASON FOR REFERRAL:** Why are you referring this child to LICA? What information/assistance would you like us to provide?

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

**V. OTHER THAN HEARING LOSS, ADDITIONAL CONDITIONS (if any)**

\_\_\_\_\_

**VI. SERVICES BEING REQUESTED:** (Please see descriptions on back if you are unsure of which service you wish to request.)

- AUDIOLOGIC EVALUATION
- ALD SUPPORT
- APD CONSULTATION
- OTHER (please describe) \_\_\_\_\_
- CASE STUDY\*
- REVIEW OF RECORDS
- PLACEMENT

\* A CURRENT VISION SCREENING MUST BE INCLUDED WITH ALL CASE STUDY REFERRALS BEFORE TESTING CAN BEGIN.

**VII. SIGNATURES** (Important: LEA Representative's signature **required** on all referrals.)

REFERRAL SOURCE: \_\_\_\_\_ (date)  
 LEA REPRESENTATIVE: \_\_\_\_\_ (date)  
 JA REPRESENTATIVE: (MTSEP/NTDSE ONLY) \_\_\_\_\_ (date)

## **REFERRAL DESCRIPTIONS**

- **Audiologic Evaluations** – May be requested when any of the following criteria are met:
  - A child cannot be tested
  - A sensorineural hearing loss is identified
  - A hearing aid is worn or recommended
  - It is recommended following an Audiologic Review
  - Prior arrangements have been made with a LICA staff member
  
- **ALD Support** - May be requested when either of the following criteria are met:
  - There is need for an evaluation to determine whether an Assistive Listening Device would be appropriate for the child
  - When the child presently uses an ALD and information or troubleshooting is needed
  
- **APD Consultation**
  - APD consultation is recommended when academic difficulties are noted for a child and an Auditory Processing Disorder is suspected. This referral **MUST** be submitted with a completed APD packet. These packets are available through the LICA office.
  
- **Case Study**
  - An evaluation is recommended for a child to determine eligibility for special education programming and /or related services. This evaluation may also assist with educational planning. The evaluation may include the following domains as determined by the IEP team:
    - Hearing status
    - Social/emotional status
    - General intelligence
    - Academic performance
    - Communication status
  
- **Review of Records**
  - A review of records is recommended to determine a course of action in relation to additional testing for a child or the need for the child's educational team to confer as a group.
  - A diagnostic team will examine all pertinent evaluations, reports, IEP's and records.
  - Recommendations will then be shared with the local district and the child's parents
  
- **Placement**
  - Placement is recommended if a child has a current IEP that has determined eligibility for Hearing Impaired Services. The educational program and/or services will then be determined for the child and the child will be placed in an appropriate program.