

User's Guide for the Parent Interview Protocol for Child Hearing and Vision Skills

THE PARENT INTERVIEW PROTOCOL will be performed with all families of children who do **not** already have a diagnosis of a visual or hearing impairment. It is the means by which hearing and vision skills are determined as part of the multidisciplinary assessment. Early Steps programs may choose to gather additional information or perform vision and/or hearing assessments, however it is expected that a completed Parent Interview Protocol will be included in each child's Early Steps file.

The protocol must be completed during the eligibility evaluation process or during the assessment process for children who have established conditions. Previous testing and risk factor information can be obtained during first contacts in order to make it available at the multidisciplinary assessment. The protocol is divided into 3 sections:

I. PREVIOUS TESTING: This is important information to collect. If the child has been referred to and/or tested by an eye doctor or audiologist, complete this section and # I on the RESULTS page. Record the diagnosis, the name of the specialist and the date of testing. If there has been prior testing **DO NOT CONTINUE SCREENING** in the area in which there is already a diagnosed hearing or vision loss. If the parent is unaware of the results of newborn hearing screening obtain this information from the child's physician and note it # II on the Results page (a referral for hearing testing is appropriate if newborn hearing screening was never performed, especially if there are concerns about communication development).

II. RISK FACTORS: Read the provided questions and examples to the parent(s). Complete the section and note on Results page # I. **CONTINUE SCREENING**.

III. FUNCTIONAL SKILLS: Consider the child's performance in these areas:

Red Flag Questions: If any question in this section is answered "yes" then a referral for evaluation of hearing or vision should be recommended on the Results Page.

Developmental Skills: Begin questions at or closest to the child's chronological age range. If two or more questions are missed, ask questions from the next lowest age range. If an overall developmental delay in multiple domains is not suspected, and a child has missed 2 or more questions from his/her age range then a referral for evaluation of hearing or vision should be recommended on the Results Page and noted on # III on the Results page.

Children with Multiple Developmental Delays: During the multidisciplinary assessment some children will be found to have overall delay across multiple domains. For these children it is reasonable to expect that their functional skill development for hearing or vision will not be at their chronological age level. It is important to consider the relative amount of developmental delay of the child and consider his or her vision and hearing skills at that level. If concerns are present, they should be indicated and the interviewer should probe the family member(s) for more information.

RESULTS PAGE

- **Pass:** No family concerns, risk factors or functional skill delays exist. Record and include the Results Page in the child's Early Steps file.
- **Monitor:** One or more risk factors are present or one expected skill is lacking in the appropriate age range. The physician, parent, and/or early intervention team will monitor the child's auditory and visual skill development. Record and include the completed Parent Interview Protocol and Results Page in the child's Early Steps file.
- **Refer for Testing:** Past referral with no follow up **OR** one of more Red Flag Questions were answered "yes" **OR** 2 Developmental Skills were missed at the appropriate age level. Include the completed Parent Interview Protocol and the Results Page in the child's Early Steps file.

With parent permission, share the completed pages with the medical specialist performing the diagnostic evaluation. Include an Eye Specialist Report form or a Diagnostic Hearing Evaluation form with the

appropriate Parent Interview Protocol pages. The medical home should be kept apprised of concerns and results of diagnostic evaluations.

Once a diagnostic hearing or vision evaluation has been completed, the results will be shared with all team members (i.e., primary service provider informally passes on this information to team members). If the results of the diagnostic evaluation indicate that a sensory impairment exists, then a specialist in vision or hearing will be added to the child's team. The appropriate changes to assessment and the IFSP will occur as necessary to reflect any additional service provision and/or consultation.

Children identified as having a confirmed hearing impairment or vision impairment must have ECDH or ECDV recorded as an eligibility condition.

SUMMARY OF HOW TO USE THIS PROTOCOL

1. Service coordinator obtains collateral information on page 1, red flag information on page 2, and the 6 age-appropriate questions (3 vision, 3 hearing) on page 3.
2. If there are serious parent concerns related to red flag items, the service coordinator will pursue obtaining a clinical hearing or vision evaluation.
3. If there are limited concerns based on the red flag items, then the service coordinator will consider the age-appropriate hearing and vision behaviors. If there are fewer than 2 behaviors in either/both areas identified in the age-appropriate range on page 3 then a referral for a clinical evaluation is warranted.
4. If there is no concern based on red flag questions (or the service coordinator is not sure about the level of parent concern) and there are fewer than 2 behaviors in hearing and/or vision areas, then the IFSP team will review the information during the multidisciplinary evaluation in light of the child's level of development across domains and make a recommendation about pass/fail status.
5. The multidisciplinary evaluation will not be delayed until clinical hearing or vision evaluation results are obtained. Any developmental delays identified during the evaluation can be addressed per development of the IFSP. If a diagnosis of sensory impairment is made post-IFSP development, the appropriate hearing or vision specialist will be included on the team to obtain baseline assessment information with a test protocol appropriate to the sensory impairment and will share information and intervention ideas with the team.
6. This method of screening is not sensitive to all sensory issues or levels of impairment; therefore, the IFSP team may decide that a clinical evaluation is warranted based on information in addition to that collected by the hearing and vision protocol.

Child hearing and vision behaviors and red flag questions can be reconsidered at 6-month or annual review whenever the team deems it appropriate.



Parent Interview Protocol for Child Hearing and Vision Skills

CHILD'S NAME: _____
DOB: _____
INTERVIEWER: _____ DATE: _____

PREVIOUS TESTING

VISION

Do you have any concerns about your child's ability to see? YES MAYBE NO
Has your child been referred to an eye doctor? YES NO
Has your child been tested by an eye doctor? YES NO
Diagnosis/recommendations for follow-up:
Doctor's name: Date tested:
Comments:

HEARING

Do you have any concerns about your child's ability to hear? YES MAYBE NO
Has your child been referred to an audiologist? YES NO
Has your child been tested by an audiologist? YES NO
Did your child have a Newborn Hearing Screening? YES NO
Passed
Referred Hearing testing is needed if not already done
Missed Hearing testing is needed
Diagnosis/recommendations for follow-up:
Audiologist's name: Date:
Comments:

STOP !!!

DO NOT CONTINUE SCREENING IF A DIAGNOSIS HAS BEEN MADE
Go directly to Results page and record. If concerns continue refer back to Dr./Audiologist.

RISK FACTORS

Do any problems with vision or hearing run in the child's family? (blood relatives experiencing hearing or vision problems as young children) YES MAYBE NO
Were there any problems during pregnancy, birth, or right after the child was born? (premature, low birth weight, maternal infections, low Apgar, transfusion) YES MAYBE NO
Were there any problems identified or illnesses that could affect development? (known trauma, meningitis, cerebral palsy, hydro/microcephaly, seizures, high fever for a long time, many ear infections, draining ears, meningitis, etc.) YES MAYBE NO
Has your child been diagnosed with any genetic, medical, or developmental conditions or delays? (e.g., Down syndrome, Fetal Alcohol Syndrome, CHARGE, Frazier, Goldenhar, Hurler, Marfan, Norrie, Prader-Willi, Refsum, Trisomy 13, Waardenburg) YES MAYBE NO
Has your child been diagnosed with an expressive communication delay? YES MAYBE NO
Comments:

FUNCTIONAL SKILLS

Ask all questions. If no problems, all questions should be answered 'No'.

RED FLAG VISION QUESTIONS-VISION	YES	NO
Does light seem to <u>bother</u> your child? (squint, cry, close eyes or turn away)?		
Does your child often tilt or turn his head when looking at an object?		
Does your child hold objects very close (1"-2") when looking at them?		
Does your child seem overly interested in staring at lights (e.g. common ceiling light)?		
Does your child seem to be looking under, over or beside objects/persons rather than looking directly at them?		
Does your child tend to ignore toys unless they light up or make noise/music?		
Does one or both eye turn in or out, especially when child is tired or ill?		
Do photographs of your child show a white dot in the center of either eye (not a red dot)?		
Do you have concerns about how your child's eyes appear (e.g., size of eyeball, eye swelling, drooping of eyelid, sunken eyeballs, excessive tearing, blinking, redness, eye movements jiggle, eyes don't move together, etc.)		

If any question is answered 'Yes' then REFER child for further evaluation.

Ask questions closest to the child's appropriate age range and younger

RED FLAG HEARING QUESTIONS-HEARING	Age	YES	NO
Does your child often fail to respond to typical sounds in the his/her environment?(i.e., dog bark, door bell, item dropped behind)?	3+ mos		
Does your child often fail to respond to his name or a noise that you would expect him to hear? (i.e. pan dropping)	3+ mos		
Does your child seem to respond less to sound now than when he/she was younger?	6+ mos		
Does your child seem to turn more to one side than the other when sounds occur?	7-9+ mos		
Does your child often seem to watch your lips while you speak ?	12+ mos		

If any question above is answered 'Yes' then REFER the child for further evaluation.

Comments on Functional Skills : _____

RECORD ON RESULTS PAGE

DOES YOUR CHILD...

If 2 skills are missed (checked NO) in the appropriate age range, REFER child for further testing.

AGE	VISION	YES	NO	HEARING	YES	NO
1-2 mo	look at you, momentarily?			startle to loud sounds (throws arms out)?		
1-2 mo	blink or squint when brought into bright light?			move arms or legs in time to speech patterns ?		
2-3 mo	like to look at your face when being held?			quiet when he is upset and hears your voice?		
3 mo	turn his head or eyes to watch you?			look around to see what is making a new sound?		
3 mo	watch his own hands?			look at toys or objects when they make sound?		
3 mo	bat at objects held above him?			imitate vowel sounds like oo, ee, ah?		
4-6 mo	smile at people other than just family?			react to a change in the tone of your voice? (i.e. happy, mad)		
4-6 mo	notice himself in the mirror?			quiet when talked to with a soothing voice?		
4-6 mo	look “around” at his environment?			move eyes toward the direction of sounds heard from the side?		
6-9 mo	recognize your face across a room?			by 7 months look down if a sound occurs from below?		
6-9 mo	watch a rolling ball?			aware of parent’s voice when heard from a distance (next room)?		
6-9 mo	watch you as you write?			by 9 months looks up for a sound from above?		
9-12 mo	stare at/grab your jewelry/glasses?			watch TV for a short time (i.e., reacts to songs, rhymes, etc.)?		
9-12 mo	look for a toy that has dropped?			turn or look when you say his name?		
9-12 mo	try to pick up a Cheerio, raisin, lint?			babble using a variety of sounds like baba, geegoo?		
12-18 mo	reach into a container for a food/toy?			turn head quickly to locate sound from any direction?		
12-18 mo	build a 2 block tower or stack 2 things?			react to or show pleasure at new or unusual sounds (whistle, buzzer)?		
12-18 mo	match identical objects (i.e. 2 spoons)?			responds to a simple command with no gestures (“Come here” “Sit down”)		
18-24 mo	reach into a container for food/toy?			“dance” to music?		
18-24 mo	look for a missing object/person?			let you know what he wants or needs by using his voice?		
18-24 mo	point to objects in the sky/out window?			consistently use 20 or more words?		
24 mo	look at picture details (a dog’s nose) ?			point to some body parts when asked (“Where’s your nose”) ?		
24 mo	point to pictures in a book?			enjoy listening to stories?		
24 mo	like to scribble?			understand many words (200+)?		
30-36 mo	pretend to “pick up” objects from a book?			notice and identify different sounds (phone, doorbell)?		
30-36 mo	put an object into a small opening?			listen to stories in a group of others?		
30-36 mo	copy or imitate drawing a line/circle?			understand most things said to him?		

If concerns are present, what are specific instances that child did not seem to hear or see well?

Comments: _____



**Parent Interview Protocol for
Child Hearing and Vision Skills**

RESULTS PAGE

Child's Name: _____

DOB: _____

Interviewer: _____ **Date:** _____

VISION

HEARING

I. PREVIOUS TESTING

Parent concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
Past referral to an eye doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tested by an audiologist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tested by eye doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Newborn hearing results unknown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Testing info: Request records from:	Testing info: Request records from:

II. RISK FACTORS

Are any risk factors present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any risk factors present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk factor(s):	Risk factor(s):

III. FUNCTIONAL SKILLS

YES answer to any red flag question? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES answer to any red flag question? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child do at least 2/3 of the skills appropriate to his/her age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child do at least 2/3 of the skills appropriate to his/her age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns noted:	Concerns noted:

RECOMMENDATIONS FOR ACTION

<p>PASS - NO FURTHER TESTING NEEDED <i>Note: Children eligible for services due to expressive communication delay require hearing evaluation</i></p>
<p>MONITOR: One or more risk factors are present indicating the need for the physician, parent, and/or early intervention team to monitor the child's hearing or visual skill development.</p>
<p>REFER FOR TESTING:</p> <p>Information collected indicates:</p> <ul style="list-style-type: none"> <input type="checkbox"/> concern about functional vision skills that indicate the need for evaluation by an eye doctor <input type="checkbox"/> concern about functional hearing skills that indicate the need for audiological evaluation <input type="checkbox"/> past referral to an eye doctor that needs to be followed up on <input type="checkbox"/> newborn hearing screening was never performed <input type="checkbox"/> child has been diagnosed with an expressive communication delay

Date of referral for evaluation: _____ (Include an Eye Specialist Report form for vision referrals or Diagnostic Hearing Evaluation form for hearing referrals)

Person that the child was referred to: _____

It is recommended that the Parent Interview Protocol be shared with the medical specialist(s) that will conduct the evaluation.