

**HEARING & VISION  
 QUESTIONNAIRE  
 EXAMPLE**

**SECTION 1: CHILD AND SERVICE COORDINATOR INFORMATION**

Child's First and Last Name:  
 Jason Richards

Date of Birth: 07/06/18	Date: July 1, 2020	BRIDGES ID: 353588
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Name:  Intake Coordinator  Service Coordinator  
 Olivia Pope

Agency:  
 IDEA/Part C Eligibility Office/Greenville

Purpose:  
 Eligibility Determination/ Initial IFSP     
  1st Annual IFSP     
  2nd Annual IFSP     
  3rd Annual IFSP

**SECTION 2: HEARING**

*\*These questions can be asked at any review but **are required as indicated** at the intake and with each annual review of the IFSP.*

**2.A. SCREENING: INTAKE COORDINATOR AND SERVICE COORDINATOR**

In the last six months, has the child had a hearing screening, including a Newborn Hearing Screening due to a hearing concern?

**NO:** Proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs and confirm with parent or caregiver that child is not yet due for an audiological follow-up.

**YES:  Normal:** If "yes/normal," proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs

**YES:  Abnormal:** If "yes/abnormal," a consultation with an SCSDB Regional Services Coordinator is **required** before completing the BabyNet eligibility evaluation or assessment of child's unique strengths and needs.

Name of Audiologist/ENT:

Date of contact with SCSDB Regional Services Coordinator:

SCSDB Regional Services Coordinator's Name:

Consultation results:

**2.B. ESTABLISHED RISK CONDITIONS FOR HEARING: INTAKE COORDINATOR**

The following conditions are diagnosed by a physician. *If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.*

<input type="checkbox"/>	Agnesis of corpus callosum	<input type="checkbox"/>	Hearing loss > 20 dB
<input type="checkbox"/>	Auditory atresia	<input type="checkbox"/>	Microtia
<input type="checkbox"/>	Auditory neuropathy	<input type="checkbox"/>	Stickler syndrome
<input type="checkbox"/>	Branchiootorenal (BOR)/Meinick-Fraser	<input type="checkbox"/>	Waardenburg syndrome
<input type="checkbox"/>	Other:		

**2.C. HIGH RISK FACTORS ASSOCIATED WITH HEARING LOSS.** *If any box below is checked, the parent should be encouraged to discuss concerns with primary care physician. A consultation with an SCSDB Regional Services Coordinator is required before completing the IDEA/Part C initial or annual eligibility evaluation, or assessment of child's unique strengths and needs.*

**2.C.1. MEDICAL FACTORS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR**

INTAKE COORDINATOR		SERVICE COORDINATOR	
<input type="checkbox"/>	APGAR score of 3 or less (at 5 minutes after birth)	<input type="checkbox"/>	Excessive discharge from the ears
<input type="checkbox"/>	Excessive discharge from the ears	<input type="checkbox"/>	Head trauma
<input type="checkbox"/>	Family history of hearing loss	<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	Head trauma	<input type="checkbox"/>	Otitis media (recurring earaches or ear infections)
<input type="checkbox"/>	Hyperbilirubinemia level (jaundice) requiring transfusion	<input type="checkbox"/>	Prolonged medical ventilation (more than 10 days)
<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	More than one course of ototoxic medication	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	Otitis media (recurring earaches or ear infections)		
<input type="checkbox"/>	Prenatal exposure to maternal drug abuse		
<input type="checkbox"/>	Prenatal exposure to maternal infections (e.g., toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)		
<input type="checkbox"/>	Prolonged medical ventilation (more than 10 days)		
<input type="checkbox"/>	Seizures or neurodegenerative disorder (e.g., mitochondrial disease)		
<input type="checkbox"/>	Other:		

**2.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR**

<input type="checkbox"/>	CHARGE Syndrome	<input type="checkbox"/>	Shaken Baby Syndrome
<input type="checkbox"/>	Congenital Brain Malformation	<input type="checkbox"/>	Smith-Magenis Syndrome
<input type="checkbox"/>	Cytomegalovirus (CMV)	<input type="checkbox"/>	Trisomy 13
<input type="checkbox"/>	Dandy Walker Syndrome	<input type="checkbox"/>	Trisomy 18
<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	Turner Syndrome
<input type="checkbox"/>	Fetal Alcohol Syndrome	<input type="checkbox"/>	Williams Syndrome)
<input type="checkbox"/>	Osteogenesis Imperfecta	<input type="checkbox"/>	Wolfe-Hirschhorn Syndrome
<input type="checkbox"/>	Prader-Willi Syndrome	<input type="checkbox"/>	Other:

**2.C.3. PHYSICAL APPEARANCE ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR**

<input type="checkbox"/>	Cleft lip and palate	<input type="checkbox"/>	Cranio-facial anomalies
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**2.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH HEARING LOSS:**

**INTAKE COORDINATOR & SERVICE COORDINATOR**

<input type="checkbox"/>	Atypical vocal behaviors	<input type="checkbox"/>	Makes few or inconsistent responses to sounds
<input type="checkbox"/>	Frequently does not respond to caregivers calling his/her name	<input type="checkbox"/>	Pulls on ears or puts hands over ears
<input type="checkbox"/>	Has an abnormality in voice, intonation (pitch), or articulation	<input type="checkbox"/>	Shows a delay in language development
<input type="checkbox"/>	Has limited vocalizations	<input type="checkbox"/>	Shows a preference for certain types of sounds

**SECTION 3: VISION**

*\*These questions can be asked at any review but **are required as indicated** at the intake and with each annual review of the IFSP.*

**3.A. SCREENING: INTAKE COORDINATOR & SERVICE COORDINATOR**

In the last six months, has the child had a vision screening due to a vision concern?

- NO:** Proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs and confirm with parent or caregiver that child is not yet due for an ophthalmological follow-up.
- YES:**  **Normal:** If "yes/normal," proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs
- YES:**  **Abnormal:** If "yes/abnormal," a consultation with an SCSDB Regional Services Coordinator is **required** before completing the BabyNet eligibility evaluation or assessment of child's unique strengths and needs.

Name of ophthalmologist:
Date of contact with SCSDB Regional Services Coordinator:
SCSDB Regional Services Coordinator's Name:
Consultation results:

**3.B. ESTABLISHED RISK CONDITIONS FOR VISION: INTAKE COORDINATOR**

The following conditions are diagnosed by a physician. *If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.*

Albinism	Glaucoma w/ visual impairment
Anophthalmia	Lebers amaurosis
Bilateral optic nerve coloboma	Mobius syndrome
Bilateral retinal detachment w/ blindness	Optic nerve atrophy
Bilateral visual acuity < 20/70 corrected vision best eye	Retinitis pigmentosa
Cataracts w/ visual impairment	Retinoblastoma
Coloboma/keyhole pupil	ROP stages 4 and 5
Cortical blindness	Septo-optic dysplasia
Other:	

**3.C. HIGH RISK FACTORS ASSOCIATED WITH VISION LOSS.** *If any box below is checked, the parent should be encouraged to discuss concerns with primary care physician. A consultation with an SCSDB Regional Services Coordinator is required before completing the IDEA/Part C initial or annual eligibility evaluation, or assessment of child's unique strengths and needs.*

**3.C.1. MEDICAL FACTORS ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR**

INTAKE COORDINATOR	SERVICE COORDINATOR
APGAR score of 3 or less (at 5 minutes after birth)	Constant tears (when child is not crying)
Constant tears (when child is not crying)	Head trauma
Head trauma	Meningitis
Meningitis	Prolonged medical ventilation (more than 10 days)
Prenatal exposure to maternal drug abuse Prolonged medical ventilation (more than 10 days)	Seizures or neurodegenerative disorder (i.e. mitochondrial disease)
Prenatal exposure to maternal infections (toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)	Other:
Prolonged medical ventilation (more than 10 days)	
Seizures or neurodegenerative disorder (i.e. mitochondrial disease)	
Other:	

**3.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR**

CHARGE Syndrome	Shaken Baby Syndrome
Congenital Brain Malformation	Smith-Magenis Syndrome
Cytomegalovirus (CMV)	Trisomy 13

	Dandy Walker Syndrome		Trisomy 18
	Down Syndrome		Turner Syndrome
	Fetal Alcohol Syndrome		Williams Syndrome)
	Osteogenesis Imperfecta		Wolfe-Hirschhorn Syndrome
	Prader-Willi Syndrome		Other:
<b>3.C.3. PHYSICAL APPEARANCE ASSOCIATED WITH VISION LOSS:</b>			
<b>INTAKE COORDINATOR &amp; SERVICE COORDINATOR</b>			
	Absence of a clear black pupil		
	Constant inflamed, encrusted, or watery eyes (infections occur often)		
	Constant redness of the white conjunctiva		
	Constant swelling of the eyes		
✓	Eyes appear crossed to cross or turn outward, inward, upward, or downward		
✓	Eyes do not move in together or in unison		
	Hazy cornea or whitish pupil		
	Horizontal or vertical rapid eye movements (nystagmus)		
	Sagging of an eyelid that blocks the pupil		
	Visible changes to or irregularities in the shape, size, or structure of the eyes		
<b>3.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH VISION LOSS:</b>			
<b>INTAKE COORDINATOR &amp; SERVICE COORDINATOR</b>			
	Absence of eye contact (by age 3 months)		
	Cannot find dropped toy		
	Does not notice people or objects when placed in certain areas		
	Does not reach or inaccuracy when reaching for toys/objects		
	Eye poking, rocking, or staring at lights		
	Eyes burn, itch, or feel scratchy		
	Great discomfort in reaction to bright light (photophobia)		
	Over or under reaches on curbs or steps		
	Poor visual fixation or tracking (by age 3 months)		
	Sleeps for short times only, and then wakes up rubbing eyes and/or complaining of pain in the eyes		
	Squints eyes when outside or inside		
✓	Tilts head when looking		