

## HEARING & VISION QUESTIONNAIRE

### SECTION 1: CHILD AND SERVICE COORDINATOR INFORMATION

Child's First and Last Name:

Date of Birth:

Date:

BRIDGES ID:

Name: Intake Coordinator    Service Coordinator

Agency:

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

**2.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH HEARING 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:

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

	Cleft lip and palate		Cranio-facial anomalies
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**2.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR**

	Atypical vocal behaviors		Makes few or inconsistent responses to sounds
	Frequently does not respond to caregivers calling his/her name		Pulls on ears or puts hands over ears
	Has an abnormality in voice, intonation (pitch), or articulation		Shows a delay in language development
	Has limited vocalizations		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.*

<input type="checkbox"/>	Albinism	<input type="checkbox"/>	Glaucoma w/ visual impairment
<input type="checkbox"/>	Anophthalmia	<input type="checkbox"/>	Lebers amaurosis
<input type="checkbox"/>	Bilateral optic nerve coloboma	<input type="checkbox"/>	Mobius syndrome
<input type="checkbox"/>	Bilateral retinal detachment w/ blindness	<input type="checkbox"/>	Optic nerve atrophy
<input type="checkbox"/>	Bilateral visual acuity < 20/70 corrected vision best eye	<input type="checkbox"/>	Retinitis pigmentosa
<input type="checkbox"/>	Cataracts w/ visual impairment	<input type="checkbox"/>	Retinoblastoma
<input type="checkbox"/>	Coloboma/keyhole pupil	<input type="checkbox"/>	ROP stages 4 and 5
<input type="checkbox"/>	Cortical blindness	<input type="checkbox"/>	Septo-optic dysplasia
<input type="checkbox"/>	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	
<input type="checkbox"/>	APGAR score of 3 or less (at 5 minutes after birth)	<input type="checkbox"/>	Constant tears (when child is not crying)
<input type="checkbox"/>	Constant tears (when child is not crying)	<input type="checkbox"/>	Head trauma
<input type="checkbox"/>	Head trauma	<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Prolonged medical ventilation (more than 10 days)
<input type="checkbox"/>	Prenatal exposure to maternal drug abuse Prolonged medical ventilation (more than 10 days)	<input type="checkbox"/>	Seizures or neurodegenerative disorder (i.e. mitochondrial disease)
<input type="checkbox"/>	Prenatal exposure to maternal infections (toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Prolonged medical ventilation (more than 10 days)		
<input type="checkbox"/>	Seizures or neurodegenerative disorder (i.e. mitochondrial disease)		
<input type="checkbox"/>	Other:		

**3.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH VISION 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

Dandy Walker Syndrome	Trisomy 18
Down Syndrome	Turner Syndrome
Fetal Alcohol Syndrome	Williams Syndrome)
Osteogenesis Imperfecta	Wolfe-Hirschhorn Syndrome
Prader-Willi Syndrome	Other:

**3.C.3. PHYSICAL APPEARANCE ASSOCIATED WITH VISION LOSS:**

**INTAKE COORDINATOR & SERVICE COORDINATOR**

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

**3.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH VISION LOSS:**

**INTAKE COORDINATOR & SERVICE COORDINATOR**

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