

## Hearing and Vision Questionnaire INSTRUCTIONS

**Updated: July 1, 2020**

*Who is responsible: Intake Coordinators and Service Coordinators*



### Purpose and Use

The purpose of this form is to identify any diagnoses the child may have or concerns the family may have regarding the child's development and use of hearing and vision skills. This form is designed to gather information from the family about their observations and concerns and to document any screenings or evaluations completed to date.

The Intake Coordinator must complete the form during the intake and orientation appointment. If eligible, this information is then used by the Service Coordinator in development of the initial IFSP.

The Service Coordinator must complete the form prior to each annual review of the IFSP.

### Section 1: Child and Intake/Service Coordinator Information

Enter child's legal first and last name, date of birth, date the questionnaire is completed, and the child's BRIDGES ID number.

Check box to indicate if the form is being completed by the Intake Coordinator or the Service Coordinator. Enter the name and agency of the Intake Coordinator or Service Coordinator assisting the family with completion of the Hearing and Vision Questionnaire.

Check the appropriate box for the purpose of the questionnaire.

### Section 2: Hearing

#### Section 2.A: Screening of Hearing: Intake Coordinator and Service Coordinator

The Intake Coordinator or the Service Coordinator must complete this section prior to development of the initial and each annual IFSP to determine if any formal screening or evaluation of the child's hearing has been conducted by an audiologist or an Ear, Nose, and Throat (ENT) specialist in the last six months. Check the appropriate box or boxes.

If 'No' is checked, proceed to Section 2B.

If 'Yes/Normal' is checked, enter the name of the audiologist or ENT, and proceed to Section 2B.

If 'Yes/Abnormal' is checked:

- Enter the name of the audiologist or ENT.
- Enter the date of contact and name of the SCSDB Regional Services Coordinator.
- Summarize the results of the consultation with SCSDB.
- Proceed to Section 2B.

#### Section 2.B: Established Risk Conditions for Hearing: Intake Coordinator

The Intake Coordinator must complete this section prior to development of the initial IFSP to document if the child has received any diagnoses that meet IDEA/Part C eligibility definition of established risk conditions for impairment of hearing. If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.

### Section 2.C: High Risk Factors Associated with Hearing Loss

The Intake Coordinator or Service Coordinator must complete all questions in Section 2.C as outlined in the table below. If any box in this section of the questionnaire is checked, the parent should be encouraged to discuss concerns with the child's primary care physician. A consult with a SCSDB Regional Services Coordinator is **required** before completing the IDEA/Part C initial or annual eligibility evaluation, or assessment of the child's unique strengths and needs.

Section	Initial or Annual IFSP
2.C.1. Medical factors associated with hearing loss	Intake Coordinator and Service Coordinator
2.C.2. Syndromes/conditions associated with hearing loss	Intake Coordinator
2.C.3. Physical appearance associated with hearing loss	Intake Coordinator
2.C.4. Atypical behaviors associated with hearing loss	Intake Coordinator and Service Coordinator

## Section 3: Vision

### Section 3.A: Screening of Vision: Intake Coordinator and Service Coordinator

The Intake Coordinator or the Service Coordinator must complete this section prior to development of the initial and each annual IFSP to determine if any formal screening or evaluation of the child's vision has been conducted by an ophthalmologist in the last six months. Check the appropriate box or boxes.

If 'No' is checked, proceed to Section 3B.

If 'Yes/Normal' is checked, enter the name of the audiologist or ENT, and proceed to Section 3B.

If 'Yes/Abnormal' is checked:

- Enter the name of the ophthalmologist.
- Enter the date of contact and name of the SCSDB Regional Services Coordinator.
- Summarize the results of the consultation with SCSDB.

### Section 3.B: Established Risk Conditions for Vision: Intake Coordinator

The Intake Coordinator must complete this section prior to development of the initial IFSP to document the child has received any diagnoses that meet IDEA/Part C eligibility definition of established risk conditions for impairment of vision. If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.

### Section 3.C: High Risk Factors Associated with Vision Loss

The Intake Coordinator or Service Coordinator must complete all questions in Section 2.C as outlined in the table below. If any box in this section of the questionnaire is checked, the parent should be encouraged to discuss concerns with the child's primary care physician. A consult with a 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.

<b>Section</b>	<b>Initial or Annual IFSP</b>
3.C.1. Medical factors associated with vision loss	Intake Coordinator and Service Coordinator
3.C.2. Syndromes/conditions associated with vision loss	Intake Coordinator
3.C.3. Physical appearance associated with vision loss	Intake Coordinator and Service Coordinator
3.C.4. Atypical behaviors associated with vision loss	Intake Coordinator and Service Coordinator

Upon completion of the questionnaire, the Intake Coordinator or Service Coordinator summarizes the responses in the Evaluation/Assessment Information tab in BRIDGES for inclusion in the initial and annual IFSP.