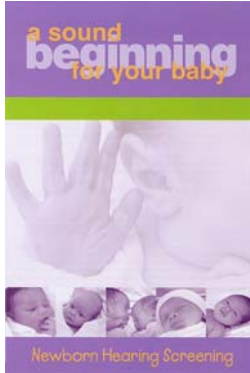




# WISCONSIN'S EARLY HEARING DETECTION AND INTERVENTION MATERIALS

**SCREENING INFORMATION** - Given to families prior to or at time of hearing screening: "A Sound Beginning for Your Baby" brochure (Rev. 6/2008)

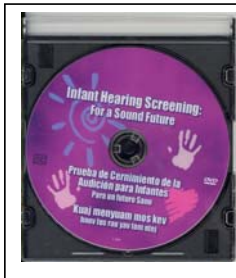


- English: P-44512
- Spanish: P-44512S

To order free copies of this material go to:  
<https://www.dhs.wisconsin.gov/library/P-44512.htm>  
 E-mail completed forms to [dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**"Infant Hearing Screening: For a Sound Future"** DVD (2008) approx. 12 minutes  
 Informs families about the importance of newborn hearing screening, follow up and possible next steps.

One DVD has all three language tracks: English, Spanish, Hmong



To order free copies of this DVD contact:  
[Ravi.shah@dhs.wisconsin.gov](mailto:Ravi.shah@dhs.wisconsin.gov)  
 608-261-7654

## FOR USE IN A PATIENT'S INDIVIDUAL MEDICAL FILE:

**"WI Sound Beginnings Program: Early Hearing Detection and Intervention (EHDI) Care Map"** (Rev. 2/2009) – documents steps taken in the hearing screening and if needed, diagnostic stages.

WISCONSIN SOUND BEGINNINGS PROGRAM  
 Early Hearing Detection and Intervention (EHDI) Care Map

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Birth</b>	<input type="checkbox"/> Hospital-based Inpatient Screening Results (OAE/AABR) (Newborn Births) Left ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> OHEH Follow-Through Card signed & sent to Parent Guide	DATE: ____/____/____
<b>Outpatient</b>	<input type="checkbox"/> Outpatient Screening Results (OAE/AABR) Left ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> OHEH Follow-Through Card signed & sent to Parent Guide	DATE: ____/____/____
<b>Referral &amp; Evaluation</b>	<input type="checkbox"/> Pediatric Diagnostic Audiology Evaluation <input type="checkbox"/> Degree and configuration of hearing loss confirmed <input type="checkbox"/> Documented child and family auditory history <input type="checkbox"/> Received copy of Confirmation of Hearing Loss from Audiologist <input type="checkbox"/> Refer to Birth to 3 IDEA, Part C, First Step: 1-800-642-7637 <input type="checkbox"/> Medical & Otolgic Evaluation to recommend treatment and provide insurance for hearing aid fitting <input type="checkbox"/> Pediatric Audiology hearing aid fitting and monitoring <input type="checkbox"/> Family received "Status & Hearing Loss Notebook for Families" <input type="checkbox"/> Family referred to Guide By Your Side: 1-888-806-8356	DATE: ____/____/____
<b>Referral &amp; Evaluation</b>	<input type="checkbox"/> Enrollment in Birth to 3 IDEA, Part C (Transition to Part B at 3 years of age) <input type="checkbox"/> Medical Evaluation to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annual) <input type="checkbox"/> Genetic <input type="checkbox"/> Developmental pediatric, neurology, cardiology, and nephrology (as needed) <input type="checkbox"/> Ongoing Pediatric Audiology Services	DATE: ____/____/____

**Charging Care of All Infants\*\***  
 Provide parents with information about hearing, vision and language milestones  
 Provide parents with information about a genetic cause to hearing loss  
 Identify and aggressively treat metabolic and disease  
 Vision screening and referral as needed  
 Ongoing developmental surveillance / referral  
 Referrals to color genetics and genetics, as needed  
 Risk indicators for late onset hearing loss  
 (see for audiologic monitoring)

**Service Provider Contact Information**  
 Medical Home: \_\_\_\_\_  
 Pediatric Audiologist: \_\_\_\_\_  
 Birth to 3 Contact: \_\_\_\_\_  
 Guide By Your Side Contact: \_\_\_\_\_  
 Regional Center Contact: \_\_\_\_\_  
 Other: \_\_\_\_\_

\*\* In screening programs that do not provide Outpatient Screening, referrals will be referred directly from Inpatient Screening to Pediatric Audiology Evaluation. Likewise, referrals at higher risk for hearing loss, or loss to hearing, also may be referred directly to Pediatric Audiology Evaluation.  
 \*\* Infants who are the offspring of one or both deaf parents should be referred for further screening or Pediatric Audiology Evaluation.

OAE = Otoacoustic Emissions  
 ABR = Automated Auditory Brainstem Response  
 AHA = Auditory Hearing Assessment  
 IDEA = Individuals with Disabilities Education Act  
 EHDI = Early Hearing Detection & Intervention

Adapted from a document created by:  
 American Academy of Pediatrics  
 NCHA  
 Wisconsin Department of Health Services

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[Ravi.shah@dhs.wisconsin.gov](mailto:Ravi.shah@dhs.wisconsin.gov)  
 608-261-7654

## TO INCREASE HEARING SCREENING AWARENESS:

### "Its Never Too Early" 16"x24" poster



- English: P-40131
- Spanish: P-40131S
- Hmong: P-40131H

To order free copies of this material go to:  
<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to  
[dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**FOLLOW-THROUGH** - Offered to families when an infant Does Not Pass (Refers) after a hearing screening:

### "Guide By Your Side Follow-Through" postcard



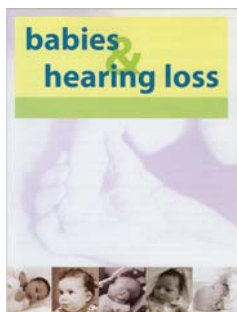
- English: P-40123A (Rev. 11/08)
- Spanish: P-40123AS (Rev. 11/08)
- Hmong: P-40123AH (Rev. 2006)

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<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to  
[dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

**DIAGNOSIS OF HEARING LOSS** - Given to families at time of diagnosis:

### "Babies & Hearing Loss" brochure (Rev. 2007)



- English: P-40055
- Spanish: P-40055S

To order free copies of this material go to:  
<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

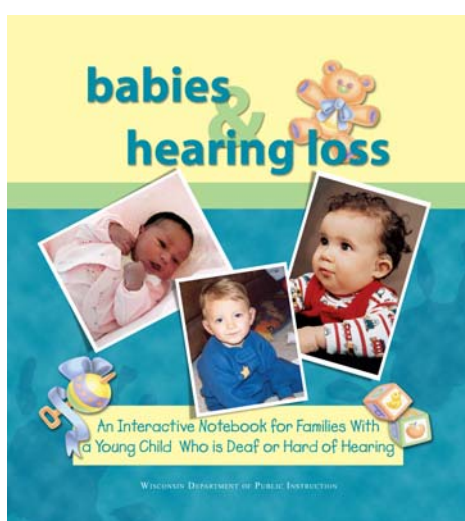
E-mail completed forms to  
[dhsfmdphpph@wisconsin.gov](mailto:dhsfmdphpph@wisconsin.gov)

## Additional resource for families with a child who is deaf or hard of hearing:

### **“Babies and Hearing Loss: An Interactive Notebook for Families with a Young Child who is Deaf or Hard of Hearing”**

This comprehensive notebook is given to families by the audiologist who completed the child’s diagnostic evaluation. This notebook includes information on: bonding with your child, resources for family support, facts on hearing loss and tests, communication options, intervention services and materials to help families keep organized. Anyone can access the notebook at

<http://www.infanthearing.org/familysupport/wisconsin/index.html>



Audiologists may order free copies for families by contacting:

<mailto:Karen.waite@wesp-dhh.wi.gov>