FUNCTIONAL HEARING ASSESSMENT

Items needed:

- Bell
- Rattle
- Squeaky toy
- Empty milk carton or oatmeal box
- Empty small glass jar containing two tablespoons of rice
- Empty soda can with the pop top placed inside
- Music on tape or CD
- Empty coffee can
- Metal spoon

DIRECTIONS:

- Prior to completing a functional assessment, observe the child with the caregiver/teacher/helper, specifically watching for responsiveness to auditory and visual stimuli.

- For administration of the functional hearing assessment, position yourself approximately two to three feet behind the child. Hold the objects directly behind the child and out of his/her peripheral vision.

- Ask the caregiver/teacher/helper to engage the child in play.

- Present the items listed on the assessment. Present each stimulus for 2-3 seconds duration.

- Watch for the child to turn his/her head toward the sounds as they are presented. Ask the caregiver/teacher/helper to watch for facial changes that may indicate an awareness of the sounds, even if the child does not respond by turning toward the stimuli.

- Place a checkmark in the blank beside the items listed on the checklist to which the child responds.

- If the status of the child’s functional hearing remains questionable after administration of the screening, refer for a complete audiological assessment.
FUNCTIONAL HEARING ASSESSMENT

Name:__________________  Completed by: ___________  
Date:___________________  School/Facility:__________

Does the child:

_____ Show awareness of environmental sounds (vacuum, blender, phone, etc.) per report of caretaker?
_____ Show awareness of knocking at the door?
_____ Show awareness of noisy toys (bell, rattle, squeaky toy, etc)?
_____ Respond when name is called?
_____ Show awareness of low frequency sounds (drum the bottom of a milk carton or oatmeal box with a pencil eraser)?
_____ Show awareness of high frequency sounds (rice in a jar, pop top in an empty can)?
_____ Imitate oral or environmental sounds?
_____ Use some word endings?
_____ Follow simple verbal directions?
_____ Listen to stories, music, or TV without difficulty?
_____ Speak using a normal loudness level?
_____ Speak so most people can understand what is said?
_____ Come to you when called from another room?
_____ Present a startle response when presented with a loud noise such a hands clapping or a spoon banged on the bottom of a coffee can?

Observations:
_______________________________________________________________________________________________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________________________________________________________________________________________

______ Satisfactorily passed the functional hearing screener
_______ Did not pass. Recommend complete audiological evaluation

A functional vision assessment may be found at www.alsde.edu in the Special Education Section under publications - vision.