

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