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