

1-800-322-3722 * www.illinoisoundbeginnings.org * e-mail: ilsound@uic.edu

For information or assistance in locating follow-up service providers, please contact the Early Hearing Detection & Intervention Program at

Please call _____ (Name/Phone) to schedule an appointment.

OR _____ (Address)

_____ (Clinic/Hospital)

An appointment has been scheduled for you: _____ (Date/Time)

- | | |
|---|--|
| <p>RIGHT EAR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Passed (see back) <input type="checkbox"/> Did not pass and further testing is required. <input type="checkbox"/> Testing could not be completed and further testing is required. | <p>LEFT EAR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Passed (see back) <input type="checkbox"/> Did not pass and further testing is required. <input type="checkbox"/> Testing could not be completed and further testing is required. |
|---|--|

_____ for your baby. **Testing showed your baby:**

A hearing screening using Automated ABR or OAE was completed on

_____ Mother's/Guardian's Name:

_____ Baby's Name: DOB: _____

When possible, testing should be done by 1 month.



Please take this card with you to your baby's doctor and audiologist appointments.

EARLY HEARING DETECTION RESULTS

A PASS is not a PASS for life. Watch for these milestones:

BIRTH TO 3 MONTHS	YES	NO	10 TO 15 MONTHS	YES	NO
<input type="checkbox"/> Reacts to loud sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plays with own voice, enjoying the sound and feel of it	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is soothed by your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Points to or looks at familiar objects or people when asked to do so	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Turns head to you when you speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Imitates simple words and sounds; may use a few single words meaningfully	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is awakened by loud voices and sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Enjoys games like peek-a-boo and pat-a-cake	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smiles when spoken to	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Seems to know your voice and quiets down if crying	<input type="checkbox"/>	<input type="checkbox"/>			
3 TO 6 MONTHS	YES	NO	15 TO 18 MONTHS	YES	NO
<input type="checkbox"/> Looks upward or turns toward a new sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Follows simple directions, such as "give me the ball"	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Responds to "no" and changes in tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Uses words s/he has learned often	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Imitates his/her own voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Uses 2-3 word sentences to talk about /ask for things	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enjoys rattles and other toys that make sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knows 10 to 20 words	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Begins to repeat sounds (i.e., "ooh", "aah", "ba-ba")	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Becomes scared by a loud voice	<input type="checkbox"/>	<input type="checkbox"/>			
6 TO 10 MONTHS	YES	NO	18 TO 24 MONTHS	YES	NO
<input type="checkbox"/> Responds to his/her own name, telephone ringing, someone's voice, even when not loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Understands simple "yes-no" questions ("Are you hungry?")	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knows words for common things (cup, shoe) and sayings ("bye-bye")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Understands simple phrases ("in the cup", "sit down")	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Makes babbling sounds, even when alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Enjoys being read to	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Starts to respond to requests such as "come here"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Points to pictures when asked	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Looks at things when someone talks about them	<input type="checkbox"/>	<input type="checkbox"/>			
			24 TO 36 MONTHS	YES	NO
			<input type="checkbox"/> Understands "not now" and "no more"	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Chooses things by size (big, little)	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Follows simple directions such as "get your shoes"	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Understands many action words (jump, dance, run)	<input type="checkbox"/>	<input type="checkbox"/>

If you ever have concerns regarding your child's hearing, contact your baby's doctor. For help finding an audiologist, contact: **UIC-Specialized Care for Children at 1-800-322-3722 or ehdi-pals.org**