



## Why Children with Communication Delays Need Hearing Tests

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- ❖ Normal hearing is essential for the development of speech and language.
  
- ❖ Many children develop a hearing loss after birth. Even if a child passed Newborn Hearing Screening it is not a guarantee that the child's hearing is normal now.
  
- ❖ It is very difficult to tell if a child has a hearing loss or not. Hearing loss is invisible and is not an all or nothing condition. A hearing loss can affect some sounds and not others.
  
- ❖ Children with a hearing loss may still hear many sounds. They may turn their heads when their names are called, respond to normal conversational speech, and may even be able to hear soft environmental sounds. However, they may not hear all of the speech sounds clearly and all of the speech sounds must be heard clearly for normal speech and language development to occur.
  
- ❖ Children are not able to listen like adults. Unlike adults, children do not yet have a fully developed communication system and they can not take advantage of context. If young children do not hear part of what is said, they are not able to fill in the missing pieces. They can not use their knowledge of language to fill in the gaps of what they do not hear.
  
- ❖ Even a small loss of hearing may affect speech and language development and result in long term communication, social, behavioral and educational difficulties.
  
- ❖ If a child has any delay in the development of communication skills it is important to rule out a hearing loss as a contributing factor to that delay. The only way to know for certain if a child has a hearing loss or not is to have the child's hearing evaluated by an audiologist.

## How to Include a Hearing Test on a Child's IFSP

- ❖ If as a result of reviewing the child's developmental and medical information, the decision is to have the child's hearing tested, then there should be an outcome on the IFSP that identifies the need for the hearing test.
- ❖ The hearing test is listed on the Service Delivery Page (Section VI) of the IFSP. Under What is going to happen: audiological management; Delivered by: audiologist; Location: office; How Often: 1 time; How Long: 1 hour; Start Date: projected date when the hearing test will occur.
- ❖ On the service page of the IFSP under "Services are paid for by the Birth to Three System unless otherwise indicated:" indicate that private health insurance or Medicaid will be accessed first since Birth to Three is the payer of last resort. However, if these are not available, ultimately the child's Birth to Three program is responsible for the cost of the hearing evaluation because audiology is a Birth to Three early intervention service required under federal law.
- ❖ The service coordinator should assist the family in obtaining an audiological evaluation for their child if the family requires assistance. The family may need to get a referral from their primary health care provider for insurance purposes.
- ❖ The hearing evaluation may be completed by a qualified audiologist within the child's healthcare plan or the child may be referred to one of the Birth to Three specialty programs that serve children who are deaf or hard of hearing. All three specialty programs offer a special rate for audiological evaluations for children in other Birth to Three programs. The specialty programs and their contact information are as follows:
  - American School for the Deaf  
Dianne Martin: 800-244-0420 ext.347; [Dianne.martin@asd-1817.org](mailto:Dianne.martin@asd-1817.org)
  - CREC Soundbridge Birth to Three  
Elizabeth Cole: 860-529-4260; [ecole@soundbridge.crec.org](mailto:ecole@soundbridge.crec.org)
  - New England Center for Hearing Rehabilitation (NECHEAR)  
Diane Brackett: 860-455-1404; [nechear@snet.net](mailto:nechear@snet.net)