

# COBB COUNTY AUDIOLOGY PRESENTS



# HEARING SCREENING TRAINING

## AUDIOLOGISTS:

- ☐ Dr. Karen Mobley
- ☐ Dr. Donna Wallis
- ☐ Dr. Cindy Fleming
- ☐ Dr. Abby Bohler



# PHONE NUMBERS

- Audiology Appointments -  
(678) 581-7400
- Please call us anytime if you have questions regarding the hearing screening process.





# AUDIOLOGY SERVICES LOCATION

- 6975 COBB INTERNATIONAL BLVD.  
SUITE 400  
KENNESAW, GEORGIA 30152  
(KENNESAW WAREHOUSE)

Office Assistant: Sonia Velez (speaks Spanish)

Audiology Paraprofessional – Lynda Entsminger &  
Katie Lovett



FOR DIRECTIONS and OTHER  
INFORMATION ABOUT COBB COUNTY  
AUDIOLOGY:

<http://www.cobbk12.org/centraloffice/academics/specialstudents/audiology/>

# Pay attention to:

- Why the hearing screening program is important
- Which students will be tested
- Which students are NEVER to be tested
- Where to test and how to place the student
- The loudness level for the test stimulus
- The frequencies provided for the test
- How many responses are required to mark a ✓
- What happens after a student fails the screening



# WHY IS HEARING SCREENING IMPORTANT?

- About 60% of instructional activity involves listening (ANSI S12.60-2002)
- 1 in 1000 children will develop a hearing loss after birth. Each year students are identified with permanent sensory hearing loss as a result of our hearing screening program!
- Identification of middle ear fluid and ear infections which can cause a temporary hearing problem
- Identification of noise induced hearing loss



# Hearing loss affects 1 in 5 U.S. TEENS

- One in five American teenagers now suffers from some type of hearing loss, an increase of 31% since the mid 1990's.
- Researchers based their findings on records of and interviews with nearly 4,700 kids ages 12-19, led by the [Centers for Disease Control and Prevention](#).





# THE FACTS

- 5.2 million, 6-19 year old children in the United States had hearing loss directly related to noise exposure (Niskar et.al. 2000, The 3<sup>rd</sup> National Health and Nutrition Examination Survey)
- 20% of young adults, 17 to 25 years old, enter the workforce with evidence of early hearing loss consistent with noise exposure
- Children with minimal hearing loss tend to have more learning difficulties than children with normal hearing (Bess et al., 1998, Centers for Disease Control)

# DPH Form 3300

- The 3300 Form can only be completed by an audiologist, speech pathologist or registered nurse.



# Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTION  
ON THE BACK OF THIS FORM

## Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL  
SCREENER CONTACT INFORMATION IS REQUIRED

Parent/ Guardian Name: \_\_\_\_\_  
first middle last

Child's Name: \_\_\_\_\_  
first middle last

### Parent/ Guardian Contact Information:

Daytime phone number: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

### Child's Home Address:

street city state zip code county

#### VISION

- ☐ Unable to screen (explain why below)  
☐ Uses corrective lenses  
☐ Worn for testing
- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)  
☐ Needs further evaluation  
☐ Under professional care (explain below)

#### Screening completed by:

- ☐ Physician  
☐ Local Health Department  
☐ Optometrist  
☐ "Prevent Blindness Georgia" employee  
☐ School Registered Nurse

\_\_\_\_\_  
Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

#### HEARING

- ☐ Unable to screen (explain why below)  
☐ Uses hearing aid / assistive device
- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB  
☐ Needs further evaluation  
☐ Under professional care (explain below)

#### Screening completed by:

- ☐ Physician  
☐ Local Health Department  
☐ Audiologist  
☐ Speech-Language Pathologist  
☐ School Registered Nurse

\_\_\_\_\_  
Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

#### DENTAL

- ☐ Unable to screen (explain why below)
- ☐ Normal appearance  
☐ Needs further evaluation  
☐ Emergency problem observed  
☐ Under professional care (explain below)

#### Screening completed by:

- ☐ Physician  
☐ Dentist  
☐ Local Health Department Registered Nurse  
☐ Registered Dental Hygienist  
☐ School Registered Nurse

\_\_\_\_\_  
Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

#### NUTRITION

- ☐ Unable to screen (explain why below)
- Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
BMI: \_\_\_\_\_ BMI%: \_\_\_\_\_
- ☐ 5<sup>th</sup> to 84<sup>th</sup> percentile - Appropriate for age  
☐ < 5<sup>th</sup> percentile - Needs further evaluation  
☐ ≥ 85<sup>th</sup> percentile - Needs further evaluation  
☐ Under professional care (explain below)

#### Screening completed by:

- ☐ Physician  
☐ Local Health Department  
☐ Registered Dietician  
☐ School Registered Nurse

\_\_\_\_\_  
Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

#### FOR SCHOOL SYSTEM ONLY

Follow up for further evaluation

	1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on: \_\_\_\_\_

#### Screeners' Comments:

## **PERSONS WHO ADMINISTER A HEARING SCREENING MUST:**

1. Complete training course
2. Pass a written test
3. Demonstrate mastery of hearing screening procedure at a “hands on” check out session



The screening protocol is a published protocol from the American Speech/Hearing Association

You are not allowed to personally train anyone else to perform a hearing screening.



# STUDENTS TO BE SCREENED

# 1. Mass screening

- Grades: 1<sup>st</sup> , 4<sup>th</sup> , 7<sup>th</sup> , 10<sup>th</sup>
- All **NEW** Students to Cobb County Schools
  - Parental Permission **IS NOT** required for these students to be screened.

Attendance records should be checked at least once a month for new students. New students should be screened within one month of enrollment

## 2. Referral Students

- Students who are referred by a teacher, parent, or other staff person and are **NOT** part of the MASS screenings.
  - ❖ Parental Permission **IS REQUIRED**
  - ❖ Student must be tested within **ONE MONTH** of referral



# Never Test a Student

## If:



- A red, swollen, or draining ear or abnormal looking ear → ■ Refer to school nurse and send failure letter home in U.S. mail
- A foul smelling odor coming from the ear, even with no apparent drainage → ■ Refer to school nurse and try to retest in 10-14 days
- Any sores or rashes → ■ Refer to school nurse and try to retest in 10 – 14 days
- Lice → ■ Refer to school nurse and try to retest in 10-14 days

# NEVER Screen a Student Who Wears Hearing Aids or a Cochlear Implant





- The purpose of a hearing screen is to identify children who may have difficulty hearing.
- Children who wear hearing aids and/or cochlear implants have a diagnosed hearing loss. There is no reason to screen them. All of their testing is to be completed by an audiologist. A hearing screening is not appropriate.
- **DO NOT** put headphones on student over hearing aids or a cochlear implant
- **DO NOT** handle hearing aids or cochlear implant
- **DO NOT** send failure letter home to parent if student wears hearing aids or a cochlear implant



# DIFFICULT TO TEST STUDENTS

- ❑ If a student seems nervous about the headphone placement, let them handle the headphones and even put them on to see that it is ok. BUT, you need to remove the headphones and place them properly. Tell the student that you are going to help them with the earphones.
- ❑ Don't spend a long time attempting to test any student
- ❑ If the screening takes LONGER THAN A FEW MINUTES, mark the student as FAILING the screening, and indicate reason (i.e. wouldn't wear headphones).

# DIFFICULT TO TEST STUDENTS

- ☐ If you feel that you could NEVER successfully screen the student, FAIL AND REFER WITHOUT RETESTING. Indicate the reason.
- ☐ Parents may call us if they have any questions regarding the hearing screening program and how our office will be able to complete a test for their child.

DO NOT SCREEN STUDENTS  
IMMEDIATELY AFTER THEY  
HAVE BEEN IN BAND CLASS

Before class is preferred

These students can experience  
a short term issue with their  
hearing that may not be  
permanent.



# HEARING SCREENING SUPPLIES AND EQUIPMENT

1. Audiometer with Headphones
2. Clipboard
3. Forms
4. Pen
5. Quiet Room with 1 student & 1 tester
6. Chairs (1 for student and 1 for screener)
7. Table
8. Electrical Outlet (extension cord if needed)
9. Anti-bacterial wipes
10. Hand Sanitizer and a mask (face covering)





# PREPARATION

- ✓ Find a QUIET environment.
- ✓ If you set up more than 1 test area in the same room, make sure the students cannot see each other.
- ✓ Do not have students waiting for their turn in view of the child being tested.
- ✓ The noise level will be lower if you limit the amount of children who are waiting for their turn.



# PREPARATION

Plug in and test audiometer (listen to a few beeps for the right and left headphone to make sure everything is working properly).

Arrange chair for the student so their back is to the audiometer, they cannot see you and they cannot view distractions (other students walking around or waiting for their turn).



# AUDIOMETER



# Set Audiometer as Follows:

- |                      |                   |
|----------------------|-------------------|
| 1. Power             | ON                |
| 2. Frequency Control | 1000 Hz           |
| 3. Hearing Level     | 25 dB             |
| 4. Phone Selector    | "R" for Right Ear |
| 5. Tone Reverse      | OFF               |
| 6. Masking           | OFF               |
| 7. Pulse or Warble   | OFF               |



**EARPHONE  
BUTTONS  
RIGHT & LEFT  
EARS**

**POWER  
BUTTON  
PUSH IN  
FOR ON**

**BUTTONS  
SHOULD BE  
IN THE “UP”  
POSITION**



**PUSH HERE TO  
PRESENT TONE**



# Frequency Dial



# Hearing Level Dial





# TESTING PROCEDURES

1. Instruct Student – Keep it simple & headphones are OFF. “We are going to check your hearing. I will place the headphones on your ears. You will hear some very tiny beeps. Each time you hear a beep, raise your hand high so I can see it. I don’t care which hand you raise. Do you have any questions?”
2. DO NOT tell the student to raise the hand on the same side of the tone. For example, raise your right hand if the tone is in your right ear. At soft levels, some kids may have difficulty identifying which ear the sound occurred.





3. Ask the student to move their hair behind their ears.  
For the older girls, you can ask if they want to remove large earrings that might be uncomfortable with headphone placement.
4. Inspect ears for redness, swelling or drainage. A problem or concern will be obvious. If you see an issue, mark “fail” and indicate the problem. Refer to the school nurse.
5. Walk around to the **FRONT** of the Student. Keep headphone cords in front of the student. Place the headphones on the student as follows:
  - A. **RED** Headphone - **RIGHT** Ear
  - B. **BLUE** Headphone – **LEFT** Ear
  - C. Spread headphones apart, place over center of ear canals and use both thumbs to slide headphone down for good fit



- After headphone placement, take a quick look to make sure the center of the headphone is on the center of the head (not placed too forward or backward).
- The earphones should be covering the majority of the ear. You should not see earlobes or the tops of the ears for most of our students.
- If you are unsure, simply remove the headphones and try again.

# RIGHT EARPHONE





LEFT EARPHONE



# EXTEND HEADPHONES

- CORRECT



- INCORRECT









## 6. Order of Testing

All frequencies are tested at 25 dB HL. This loudness level is never changed.

Right Ear/Frequencies: 1,000 2,000 4,000  
**(then add 6000 for Middle and High School)**

THEN, Press button for Left Ear

Left Ear/Frequencies: 1,000 2,000 4,000  
**(then add 6000 for Middle and High School)**

7. At Each Frequency Level, Press Tone Button/Bar for 2-3 FULL seconds. There is no need to press the button with great force. The child will not hear the sound better if you press harder. Simply make sure the presentation light comes on and you know the tone is being presented.
8. Present tones in an IRREGULAR pattern.
9.  MARK THE SCORESHEET  
 The child heard 2 tones at the same frequency. For example: 1000 Hz – tone is presented and child raises hand. Tone is presented a 2<sup>nd</sup> time and the child raises hand. OR the child raises hand with the first tone, not for 2<sup>nd</sup> tone, raises hand for 3<sup>rd</sup> tone (the child heard the tone 2 times). Mark the response as a “check mark.”
-  The child did not hear the tones 2 times at the same frequency. For example: 1000 Hz – tone is presented and the child does not raise their hand. Tone is presented again with no hand raise. Mark the response as a “minus” sign.



10. The Child Has Failed the Entire Screening if They FAIL ONE OR MORE FREQUENCIES in either ear – Check the “FAIL” Box at End of Screening Results Section
11. You must test all frequencies on the scoresheet. You cannot stop when a child receives a missed frequency.
12. Use the Same Procedures on ALL Students Whether They are Part of the Mass Screenings or a Staff Referral
13. If the student asks how they did, don't give them the test results. Inform them they did a great job.





# Infection Control

- Due to Covid-19 we are recommending that the headphones and cords be wiped with a disinfectant wipe prior to each student.
- Do test students with:
  - 1) lice (don't conduct hearing screening if the school has a current lice issue)
  - 2) drainage from an ear
  - 3) signs of illness

If in doubt do not test. Mark it on the form CNT and reason why.



The person in charge of the entire hearing screening program for your school should fill out the “Final Total Reporting Form” (Form A200) and send the form via County Mail to:

Dr. Cindy Fleming, Audiology

Kennesaw Warehouse or

[audiology@Cobbk12.org](mailto:audiology@Cobbk12.org)

Please send this form by January 11, 2021.

(Keep a copy of this form for your records)



# FOLLOWUP PROTOCOL

1. Students Who Fail the First Screening are to be Retested After 10 Days, but No Longer than 14 Days.



2. Parents of Students who Fail the **SECOND** Hearing Screening are notified using letter (H-1) on Local School Letterhead
  - a. Send Failure Letters Through the U.S. Mail
  - b. The Deadline for Completing the 2<sup>nd</sup> Screening and Mailing Parent Notification is the **WINTER HOLIDAYS**
  - c. Failure Rate of 2<sup>nd</sup> Screening should be between 4-10%.
  - d. **Do Not Send a Failure Letter to Students who Wear Hearing Aids or Cochlear Implants**

3. The Parent Notification Letter (H-1), Requests that Parents Complete and Return Follow-Up Information to the School. If You do not Receive this Information in 30 Days, Send the **SECOND FOLLOW-UP** Letter, (H-2)
4. All of the Following must be Kept in the School Secretary's Office for **ONE YEAR**
  - a. Recording Forms
  - b. Copy of the Parent Notification Letter
  - c. All Follow-up Replies

# CONFIDENTIALITY

- Confidentiality of student records applies to the hearing screening results.
- Please remember that failure of the hearing screening will only indicate that there **MAY** be a problem.





Thank you for being a part of  
the Cobb County Hearing  
Screening Program!

We look forward to seeing  
you at the hands-on check  
out!