

## **Deaf and Hard of Hearing Program** *Screening Procedure*

Students are considered for referral to the Deaf and Hard of Hearing (DHH) Program when district personnel complete and submit a Screening Packet and this packet is reviewed by a DHH specialist teacher to determine student eligibility.

### **The Screening Packet consists of three completed forms ...**

1. Student Information Form
2. Student Checklist
3. Consent to Exchange Information – *This form must be signed by the parent.*

### **And these additional attachments**

4. Current clinical audiogram – *Audiograms must be no more than one year old. Please note that a screening by a school nurse does not constitute clinical audiological data.*
5. Other pertinent information, such as current IEP, speech-language and/or psychological reports, report cards, etc.

### **Return the completed Screening Packet and attachments to**

SCOE DHH Program  
La Fiesta Educational Center  
8511 Liman Way, Building A  
Rohnert Park, CA 94928

The completed Screening Packet will be forwarded to a DHH specialist teacher for review. The person requesting the screening (as indicated on the Student Information Form) will be contacted to discuss the outcome. Please call the DHH Program Secretary at 524-2862 with any questions.

## Itinerant Deaf/Hard of Hearing Program STUDENT INFORMATION FORM

District \_\_\_\_\_ Date \_\_\_\_\_

Person requesting screening (name, title, phone and e-mail) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***IMPORTANT:*** Please include recent audiological report, completed Student Checklist and other pertinent information such as IEP, report cards, standardized test results and assessments with this form. Send to the SCOE DHH Program.  
***Incomplete information may delay processing.***

### Student Information

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Primary language of student \_\_\_\_\_ Parent \_\_\_\_\_

Does student have hearing aid(s) or a cochlear implant? Yes No

State reason screening is being requested. Include information about student's current program, performance and assessment results.

Describe any additional health or developmental problems.

List any specialized services student is currently receiving. Include Migrant Ed and list school contact person for interpreting, if applicable.

### School Information

School \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ School Phone \_\_\_\_\_

Teacher or counselor phone/voicemail \_\_\_\_\_

Principal \_\_\_\_\_ S/L therapist \_\_\_\_\_

Start time \_\_\_\_\_ A.M. recess \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. recess \_\_\_\_\_ End time \_\_\_\_\_

*Please use back to add other information. Thank you.*

## **Itinerant Deaf/Hard of Hearing Program STUDENT CHECKLIST**

***To be completed by classroom teacher and/or others in direct contact with student in educational setting. Make additional copies if needed.***

The following may be possible indicators of concerns related to a hearing loss. Please circle the number which most closely reflects your knowledge of the student's current performance. If you have any questions related to completing this checklist, please call the SCOE Itinerant Deaf/Hard of Hearing Program, at 524-2862.

<b>Rating Scale</b>		
5	=	Always
4	=	Often
3	=	Sometimes
2	=	Rarely
1	=	Never
Not applicable, don't know = leave blank		

- 5 4 3 2 1 Uses hearing aid(s)
- 5 4 3 2 1 Family reports ear problems or hearing loss in student
- 5 4 3 2 1 History of middle ear infections
- 5 4 3 2 1 Complains of ear pain or difficulty hearing (*circle the indicators that apply to this student*)
- 5 4 3 2 1 Cups ears or turns head towards sound source when listening
- 5 4 3 2 1 Doesn't seem to hear if not looking
- 5 4 3 2 1 Bothered by background noise/decreased attention in a noisy environment
- 5 4 3 2 1 Frequently misses directions or misunderstands what is being taught
- 5 4 3 2 1 Asks for repetition of spoken information (Says "What?" or "Huh?" often)
- 5 4 3 2 1 Has trouble following discussion and/or understanding comments of peers
- 5 4 3 2 1 Misses jokes or intent of communication; is a "literal listener"
- 5 4 3 2 1 Says "yes" or indicates understanding when really confused or unclear

- 5 4 3 2 1 Speech problems: dropping words or sounds, mispronunciations, trouble with multisyllabic words *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Forgets endings, possessives and plural /s/ in writing or speech
- 5 4 3 2 1 Speaks softer than the situation warrants
- 5 4 3 2 1 Speaks louder than the situation warrants
- 5 4 3 2 1 Difficulty with sound/symbol relationship (phonics)
- 5 4 3 2 1 Has language problems: omitting words, limited vocabulary, confused over idioms or double meanings *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Makes irrelevant or "off topic" comments; remains only partially on topic; unable to maintain topic *(circle the indicators that apply to this student)*
- 5 4 3 2 1 Withdraws from large group discussions or activities
- 5 4 3 2 1 Reluctant to participate in discussions and oral activities
- 5 4 3 2 1 Relies on visual clues to follow directions or get information
- 5 4 3 2 1 Watches the face and mouth of speaker
- 5 4 3 2 1 Uses physical response, rather than language, to resolve conflict
- 5 4 3 2 1 Disruptive
- 5 4 3 2 1 Inattentive behavior
- 5 4 3 2 1 Passive ("invisible child")
- 5 4 3 2 1 Daydreams
- 5 4 3 2 1 Typically befriends peers who are not highly verbal, who are more physical, or who are younger
- 5 4 3 2 1 Other: \_\_\_\_\_

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_ How long? \_\_\_\_\_

How do you feel hearing problems may be impacting this student? (use back if needed) \_\_\_\_\_

Please leave your contact information (phone & e-mail) with the best times to reach you: \_\_\_\_\_

SONOMA COUNTY SELPA

CONSENT TO RELEASE OR EXCHANGE INFORMATION

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DISTRICT/SCHOOL: \_\_\_\_\_

Written parental consent shall be obtained before personally identifiable information is disclosed in writing or orally to anyone other than authorized employees specified by the school district. You need to know that:

- You choose which agencies shall exchange information.
• You may refuse to sign this exchange form.
• Information about your child and family is strictly confidential. Your child's school maintains records specifying the source of the information, the date and purpose of any disclosure, and with whom information was shared.
• These records will help in evaluation, assessment and IEP development for your child.
• You have the right to review records.
• Your rights are preserved under: Title 34 Code of Federal Regulations; Family Education Rights Privacy Act of 1974, Title 20 of the United States Code, Section 1232 (g), Title 34 Code of Federal Regulations, Section 99.
• This consent is good for one year unless you withdraw your consent before that time.

I give permission for \_\_\_\_\_ to exchange information relevant to my child's educational needs with the following agency/agencies. Please initial the box(es) below to permit the exchange of information about your child with the specified agency/agencies.

Table with 3 columns: Phone #, Fax #, Name of Professional or Agency. Multiple rows for listing agencies.

A photocopy of this form shall be as valid as the original. I understand that I am to receive a copy of this authorization.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return information to:

District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

SELPA DEL CONDADO DE SONOMA

CONSENTIMIENTO PARA DAR O INTERCAMBIAR INFORMACIÓN

NOMBRE DEL NIÑO/A: \_\_\_\_\_

FECHA DE NACIMIENTO: \_\_\_\_\_

DISTRITO/ESCUELA: \_\_\_\_\_

Se deberá obtener permiso por escrito de los padres antes de divulgar información personal identificable por escrito u oral a cualquier persona a parte de empleados autorizados especificados por el distrito escolar. Usted debe saber que:

- Usted escoge con cuáles agencias intercambia información.
• Usted puede rehusar firmar este formulario.
• La información acerca de su hijo/a y su familia es estrictamente confidencial.
• Este récord ayudará en la evaluación, examen y desarrollo del plan IEP de su hijo/a.
• Sus derechos están preservados bajo el Título 34 del Código de Regulaciones Federales; La Ley de Privacidad de Educación Derechos Familiares de 1974, Título 20 del Código de los Estados Unidos, Sección 1232 (g), Título 34 del Código de Regulaciones Federales, Sección 99.
• Este consentimiento es vigente por un año a menos que usted lo retire antes del año.

Yo doy permiso a \_\_\_\_\_ para que intercambie información relevante a las necesidades educativas de mi hijo/a a la siguiente agencia (s). Favor de poner sus iniciales en el cuadrado (s) a continuación para permitir el intercambio de información acerca de su hijo/a con la agencia(s) especificada.

Table with 3 columns: Teléfono #, Fax #, Nombre del Profesional o Agencia. Multiple rows for listing agencies.

Una fotocopia de este formulario es tan válida como el original. Entiendo que recibiré una copia de esta autorización.

Padre/Guardián: \_\_\_\_\_

Fecha: \_\_\_\_\_

Padre/Guardián: \_\_\_\_\_

Fecha: \_\_\_\_\_

Favor de regresar la información a:

Nombre del Distrito: \_\_\_\_\_

Dirección: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Fax: \_\_\_\_\_