

THE OFFICE OF PUBLIC INSTRUCTION
GUIDELINES
FOR AN EDUCATIONAL HEARING CONSERVATION PROGRAM
April 2007

I. Purpose

The purposes of the Hearing Conservation Program (HCP) are as follows:

- To identify children with educationally significant hearing losses through hearing screening, on-site audiology procedures, and comprehensive hearing evaluations;
- To assist schools and parents in determining appropriate educational placement and intervention;
- To serve as a consultant to school personnel, parents, and students regarding potential educational effects of an identified student's hearing impairment and the function of hearing aids and assistive listening devices;
- To provide consultative services regarding hearing aids, cochlear implants, assistive listening devices, and, where appropriate, classroom acoustics;
- To provide education, as needed, regarding the prevention of hearing loss; and
- To provide follow-up support to children, families and schools.

The Hearing Conservation Program works in partnership with the public school system. The public schools take on the primary responsibility of conducting hearing screening and rescreening of school-age children. The Hearing Conservation Program provides training and technical assistance, comprehensive hearing evaluations, and follow-up technical assistance and support to schools and families in the event the child has a confirmed hearing loss.

The audiologist under contract with the Hearing Conservation Program is available to the schools in the area for assistance in training screening personnel, interpreting screening results for referral, providing hearing evaluation following screening, participating in child find screenings, providing inservice training for teachers, counseling parents regarding hearing loss, participating in evaluation and individualized education program (IEP) team meetings, when appropriate, and the various other functions as time will allow.

The HCP does not conduct newborn infant hearing screening nor is the program expected to have all of the diagnostic equipment required for specialized procedures. Evaluations which require medical support or intervention are not the responsibility of the HCP program or its audiologists.

The following provides a description of the services offered by the Hearing Conservation Program.

II. Definition of Terms

- A. "Children" means children, ages birth through 21 who reside in Montana and who have not graduated from high school.
- B. "Audiological services" means comprehensive audiological services which include, but are not limited to: the screening and identification of hearing loss, aural rehabilitation, consultation regarding hearing aids, cochlear implants, assistive listening devices and classroom acoustics as appropriate, the provision of technical assistance to schools regarding the monitoring of hearing aids and assistive listening devices as appropriate, evaluation of the effectiveness of amplification and other responsibilities, including participating in the educational planning and placement for children with hearing impairments. Audiological services do not include universal newborn infant hearing screening, the mapping of cochlear implants or the provision of hearing evaluations which require the assistance of medical intervention (e.g., sedation).
- C. "Hearing impaired" means deaf, deaf-blind, and hearing impairment as defined in the following Administrative Rules of Montana (ARM): 10.16.3013, 10.16.3014, and 10.16.3016.

III. Delivery of Services

Delivery of audiological services shall include training school personnel in screening procedures as determined necessary, oversight of school screening procedures, comprehensive evaluation of hearing loss, participation in evaluation and Individualized Education Program (IEP) team meetings for children with hearing impairments, and provision and coordination of aural rehabilitation service, as appropriate.

A. Training for Screening Personnel

The HCP area audiologist will provide training, upon request and as necessary, for school personnel who conduct hearing screening in the HCP area served by the audiologist. Screening of school-age students is the responsibility of public school personnel.

B. Screening of School-Age Students

Screening of school-age children is the responsibility of the public school. The hearing screening is intended to identify those individuals in need of referral for evaluation and identification. Screening should be conducted as described below.

1. Initial Screening

Screening personnel should perform a listening check of equipment prior to screening to assure that equipment is working and that the ambient noise will not preclude valid results. The room in each building that is the most quiet should be used for hearing screening with constant attention to changing noise levels throughout the day. The mandatory grades to be screened annually may be limited to grades Kindergarten (K), 1, and 9 or 10. Pure tone air conduction screening for the school-age child must be conducted in each ear at the frequencies of 1000 Hz, 2000 Hz and 4000 Hz, utilizing a standard, annually calibrated, portable audiometer.

Screening must be conducted at 20 dB HL at 1000 Hz, 2000Hz and at 20 or 25 dB HL at 4000 Hz. Students who have a history of fluctuating hearing should be screened at the initial screening or by the area audiologist at a follow-up screening. Students with a known sensorineural hearing loss should not be screened at the initial screening, but should be monitored by the area audiologist during a school visit. The frequency of the monitoring will be determined by the area audiologist. If a child fails the initial screening, he/she should be screened again in a quieter area on the same day if possible. Implementation of this procedure will help to reduce the number of over-referrals due to ambient noise levels.

2. Follow-Up Screening

Follow-up screening should not be done for one to three weeks after the initial screening except where distance is a factor and then it may be done on the same day as the initial screening. Follow-up screening should be accomplished by personnel with a thorough knowledge of screening procedures and the screening process (audiologist, audiology aide, nurse, speech-language pathologist or someone approved by the HCP audiologists, etc.). Additional screening procedures may be used when determined necessary by the audiologists or specifically trained audiology aide to determine the need for referral. These procedures may include otoscopy, tympanometry, acoustic reflex screening, otoacoustic emissions screening, and/or air conduction thresholds. Preventing over-referral or under-referral is the priority of a good screening program.

Tympanometry screening, utilizing noninvasive probe tips, is encouraged but not mandatory and may be performed by trained personnel for grades kindergarten and first, following careful visual inspection of the ear canal.

C. Screening of Preschool-Age Children

Preschool child find screenings are those organized by the public schools for the purpose of identifying preschool children, birth through five, who are not enrolled or provided services by the public school that may have a disability. The area

audiologist is expected to participate in this child find activity by conducting the hearing screening.

Preschool hearing screening must be done by the area audiologist. This is generally accomplished with the assistance of another person. Children suspected of having a hearing impairment are referred for a hearing evaluation to determine the presence of a hearing impairment.

Otoacoustic emissions and/or air conduction audiometry are an essential part of this screening and should be done whenever possible. The audiologist may include other screening methods as well, such as: otoscopy, tympanometry, and/or pure tone conduction audiometry (utilizing the same pass/fail criterion as for school-age testing). The methods used are typically dependent on the child's developmental age and other relevant factors as determined by the audiologist.

Preschool-age children who did not participate in the preschool child find screening, but are referred later for hearing screening, may be referred to the audiologists for screening at the audiology clinic or the audiologist may elect to screen the child at the school, if feasible.

D. Management/Referral Following Screening/Rescreening

After the area audiologist has conducted and/or interpreted the results of a school follow-up screening or preschool screening, management decisions may include, but are not limited, the following as determined by the audiologist:

- Recheck in one year (such as for borderline middle ear problems);
- Periodic or annual monitoring (such as for chronic fluctuating hearing loss, child with ventilating tubes, or mild loss which is not educationally significant);
- Follow-up screening after an upper respiratory infection or middle ear condition has had time to resolve; and
- Referral

Referrals may include, but are not limited to, comprehensive audiological evaluation in the Hearing Conservation Program area audiology center, medical referral, or medical referral with follow-up screening or audiological evaluation.

Medical evaluations are performed by physicians and are essential for proper diagnosis and treatment of children suspected of having ear or vestibular disease. Medical services are not provided by the Hearing Conservation Program. If a child is referred by the audiologist for a medical evaluation or the audiologist recommends that a medical evaluation be conducted, it is the parent's decision whether the medical evaluation will be done. The parent is responsible for the cost of the medical evaluation. The role of the audiologist is one of referral and monitoring.

For any medical referral or referral for audiological evaluation, the family of the child will be notified by mail. The audiologist may also contact the family by phone or in person.

E. Audiological Evaluation

The purpose of a comprehensive hearing evaluation is to determine the degree and nature of hearing difficulty and to provide educationally relevant recommendations. The audiologic evaluation shall be performed by a fully or provisionally licensed audiologist. Written parent permission is required prior to conducting the evaluation.

The HCP audiologist is expected to provide a timely and relevant report of the evaluation to the school, parent and/or referral source.

F. Participation in Evaluation and Individualized Education Program (IEP) Team Meetings

The Hearing Conservation Program audiologist will participate in evaluation and individualized education program (IEP) meetings for a child known to have an educationally significant hearing impairment when requested by the parent or the district. Participation may be in person, by report, by phone, or by phone consultation with the speech-language pathologist or case manager. The district is responsible for providing notification of evaluation and IEP meetings to the audiologist sufficiently in advance of the meeting to allow for the audiologist's participation. The scope of the HCP's audiologist's responsibilities may include:

- Participating in evaluation and IEP meetings, as appropriate;
- Interpreting audiological results to school personnel, parents, and, as appropriate, the student;
- Providing recommendations that will assist the school in addressing the student's instructional and social needs;
- Participating in services as determined necessary and consistent with these guidelines to address a hearing-impaired child's needs that may result from a sensorineural or conductive hearing impairment.

An HCP audiologist may provide consultation services for students suspected of having auditory processing or listening issues.

G. Aural Rehabilitation

Aural rehabilitation refers to services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment. The HCP audiologist shall participate in aural rehabilitation services and in the coordination of effort with the school community for children identified with hearing

impairments. Aural rehabilitative services and procedures shall include, but are not limited to, the following:

- Interpretation of results, counseling, and needs assessment;
- Provision of inservice training regarding the degree and implications of a hearing impairment to school personnel, student(s), and parents;
- Ensuring the proper fit and functioning of hearing aids and assistive listening devices, including the functioning of the external component of a cochlear implant device (services do not include the 'mapping' or maintenance of the cochlear implant device);
- Intervention for communicative difficulties which may include determining the need for amplification and/or classroom/personal assistive listening devices;
- Providing training and technical assistance to school personnel, parents, and/or students regarding the proper use and care of amplification and assistive devices. This includes providing training for a designated individual to perform and document listening checks of aids, cochlear implant and assistive listening devices;
- Evaluation and modification of the intervention program;
- Providing information regarding assistive listening devices (e.g., television captioning, telephone options, alerting devices, etc.) for home or school, when appropriate; and
- Coordinating services and collaborating with other service provider agencies as appropriate and consistent with confidentiality requirements under FERPA and HIPPA. Service provider agencies include, but are not limited to, the Montana School for the Deaf and the Blind (MSDB) and its outreach staff, IDEA Part C Early Intervention provider agencies, the Department of Public Health and Human Services (DPHHS) and its Universal Newborn Infant Hearing Screening program.

H. Needs Assessment

The HCP audiologists shall (when appropriate) provide a thorough needs assessment for amplification and/or assistive listening devices for each identified child with hearing impairments in the contracted region. All of the following categories are to be considered when determining the need for services and, subsequently, reported to the evaluation and/or IEP team:

- Assessment for Amplification and/or Assistive Listening Devices
- Amplification

- Speech and/or Language Evaluation
- Auditory/Listening Skills Training
- Counseling
- Audiological Monitoring
- Academics
- Least Restrictive Environment
- Classroom Acoustics
- Special Services (interpreters, note-takers, etc.)
- Related Evaluations/Services
- Consultation
- Curriculum Modification(s) and or Accommodations

Mandated services to be delivered by the HCP audiologist are:

- audiological evaluation;
- monitoring of hearing impairment as determined necessary;
- evaluation of amplification effectiveness, including hearing aids, cochlear implants and assistive listening devices evaluation and monitoring; and
- assuring the calibration of audiometric equipment.

Based on the needs assessment, the HCP audiologist may make referrals to appropriately licensed and trained personnel. Services to be either provided by the service providers or referred to appropriately licensed and trained personnel are auditory training/listening skills, language, speech, counseling, academics, modification of classroom acoustics, consultation, and curriculum.

IV. Administration of Services

The HCP audiologist is responsible for:

A. Program Management

Program management shall include, but not be limited to, the preparation, processing, and implementation of a service contract for the delivery of audiological services to all children in the contracted geographical region. Program management shall have two major components:

- The contract proposal which delineates the various components of the services to be provided in order to receive the award for the service contract; and
- The contract implementation which directs how the contract is executed as specified by the contract proposal and the guidelines for services.

B. Program Administration

Program administration shall have two priorities:

- The service provider's internal administration to determine that the necessary staff, facilities, and equipment are available to undertake their charge; and
- The service provider's interaction with the school communities in the contracted area to ensure that sufficient communication channels are present to meet the needs of the hearing-impaired children in the area.

C. Records

Service providers shall develop and maintain a copy of records as may be necessary or useful in assuring the quality performance of this contract. The individual districts are responsible for maintaining hearing screening records and individual students' audiological records as a part of their educational records. The decision as to where the audiological records for students will be maintained is the decision of the district and should be done in accord with district policies.

All program service, administrative, financial, client, or other records relating to the performance of this service, shall be retained by the service provider for the contract period. These will be placed in proper order by the provider on or before June 30 of each year and shall be made ready for transfer to the succeeding provider if service procedures change for any reason.

The state of Montana, the Montana Legislative Auditor, the United States Department of Education, the Comptroller General of the United States, or any of their duly authorized agents or representatives, shall, until the expiration of five (5) years from the completion date, have the right to review those books, records documents, papers and other supporting data which involve transactions or which will permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used therein.