I. Definition and Overview

Deaf or hard of hearing children usually come to school with a less extensive background in language than most hearing children. A hearing loss has very important implications for the educational progress and success of the child. The educational audiologist provides services to these students. Services may include planning and delivery of (re)habilitation services, prevention, identification and assessment by evaluation of hearing acuity and middle ear function, follow-up, monitoring, providing consultation, equipment, materials, and support for the classroom.

A. Definition of the Exceptionality

1. Deaf. A bilateral hearing impairment so severe that a person has extreme difficulty processing linguistic information through hearing, with or without amplification and which adversely affects language development and educational performance.

2. Hard of hearing. A bilateral hearing loss whether permanent or fluctuating which makes difficult but not impossible, the processing of linguistic information through hearing, with or without amplification. This may affect a person’s language development, communication, and educational performance.

3. The following are intended as a guide, rather than sole criteria for the determination of disability or for the need for services.

-10 to +20dB (normal) A child with normal hearing acuity will detect the complete speech signal even at soft conversational levels. Good hearing does not guarantee good ability to discriminate speech in the presence of background noise.

20 to 40dB (mild) A child with a mild hearing loss may miss up to 50% of speech in the classroom. They may have difficulty hearing faint or distant speech and have some problems with language arts.

41 to 55dB (moderate) A child with a moderate hearing loss can understand speech at a distance of 3-5 feet and may miss up to 75% of the speech signal. This child may have delayed syntax, limited vocabulary, imperfect speech production, and an atonal voice quality.

56 to 70dB (moderately severe) A child with a moderately severe hearing loss may miss up to 100% of speech information. Without amplification, speech must be very loud to be understood. They may be able to discriminate vowel sounds but not consonants and will have limited vocabulary.

71 to 90dB (severe) A child with a severe hearing loss may hear loud voices about 1 foot from the ear and may be able to detect some environmental sounds.
91dB or greater (profound) A child with a profound hearing loss is more aware of
vibrations than tonal patterns. Most of these children depend on vision rather than
hearing as a primary way of communication.

II. Role of the Educational Audiologist

B. Identification and Assessment

1. Screening/Management of hearing screening programs.
Provide training and support for the nurses who conduct hearing screenings in the
schools. Screen all kindergarten students.

Administer, score, and interpret evaluations of hearing as appropriate for each student,
including pure tone, impedance and speech testing. Explain results and implications to
student, parents, and other appropriate school personnel. Monitor hearing acuity and
middle ear function for children as determined by testing and MDT committee. A parent
permit to test is required on all further evaluations requested from the school nurse,
parent, or teacher.

3. CAPD Assessment.
Provide identification and assessment information as part of an interdisciplinary team, to
the student, parents, teachers, and other school personnel concerning auditory strengths
and weaknesses along with possible teaching and learning strategies for the student
with CAPD. Parents, teachers, or other related services may request a consultation
from the Audiologist for a review of the student's file prior to an evaluation. Ideas for the
teacher and therapists will be shared. If the team decides more is necessary, a follow-
up may be requested on the written notice of action. Parent permit is necessary.

C. Amplification

1. Hearing aids. Have personal hearing aids electroacoustically analyzed
at least once a year. Monitor hearing aid function and train teachers or
other appropriate staff to check hearing aids daily.

2. Classroom amplification. Select, evaluate, and fit classroom amplification
including personal FM systems and classroom soundfield systems. Monitor their functioning and train teachers or other school personnel how to trouble shoot.

D. Medical Referrals
Determine the need for and make referrals for medical care or further
audiologic testing when appropriate.

E. In-service Training/Consultation
Explain and interpret audiological findings and their impact on the student's
education. Provide in-services for classes and schools on request.
F. Calibration
   Ensure proper, timely calibration of all audiologic equipment once a year.

G. Records
   Maintain records of evaluations and instructional services as required by the state and district.

H. Professional Development
   Attend continuing education programs to maintain and increase professional knowledge and competencies.