



# 2022 Hearing Screening

Guidelines and  
Requirements

**Ohio**

Department  
of Health

## Acknowledgements

### State Program Representatives Ohio Department of Health

**Joan Keith MEd, BSN, RN,LSN, NCSN**

School Nurse Consultant  
Ohio Department of Health

**Allyson Van Horn, MPH, MEd**

Section Administrator  
Child and Specialty Health Section  
Ohio Department of Health

**Melissa S. Herrick, MA**

Public Health Audiologist  
Children’s Hearing and Vision Program  
Ohio Department of Health

### STATE PROGRAM REPRESENTATIVES OHIO DEPARTMENT OF EDUCATION

**Sarah Buoni, MEd**

Education Program Specialist  
Ohio Department of Education, Office for Exceptional Children

### OTOLARYNGOLOGIST

Edward E. Dodson MD  
Professor of Otolaryngology-Head & Neck Surgery  
Wexner Medical Center at the Ohio State University

### AUDIOLOGISTS

**Gail M. Whitelaw, PhD**

Clinic Director, Clinic Associate Professor  
Department of Speech and Hearing Science,  
The Ohio State University and LEND Program,  
Nisonger Center, OSU

**Carrie Spangler, AuD, CCC-A**

Lead Educational Audiologist  
Summit Educational Service Center

**Kimberly Anthony, AuD**

Audiologist  
Alliance Community Medical Foundation

**Sheri Hackett**

Audiologist  
Dayton Public Schools

**Trisha Van Arsdel, MA, CCC-A**

Educational Audiologist  
Huy E.S./A.G. Bell Program  
Columbus Hearing Impaired Program

### PROGRAM REPRESENTATIVES

**Therese Gilbert, BSN, RN, LSN**

School Nurse Coordinator  
Lake Local Schools

**Dzidra Brown, MEd, MSN, RN, LSN**

Executive Director  
Ohio Association of School Nurses

**Michelle Motil, BA**

Family Support Liaison  
Outreach Center for Deafness and Blindness at OCALI

**Julie Stewart**

ASL Specialist  
Ohio School for the Deaf

**C. Dawn Abbott Med, BSN, RN, LSN, NCSN**

Director of Health Services  
Dayton Public Schools



# Table of Contents

## REQUIREMENTS AND GUIDELINES

• Introduction to Hearing Screening Policies for Students	4
• Hearing Screening Goals and Activities	4
• Hearing Screening Program Components	5
• Risk Factors of Hearing Loss	5
• Summary of State Laws Pertaining to Hearing Screening	6
• Hearing Screeners	7
• Hearing Screening Limitations	7
• Infection Control	7
• Students Who Should Not be Included in Hearing Screening Program	8
• Students to be Screened	8
• Round-up or Spring Enrollment Screenings	9
• Hearing Screening Testing Environment	10
• Required Screening Procedures	10
o Observation	10
o Pure-tone Screening	10
• Screening Preschool Students and Special Populations	11
• Optional Screening Procedures	14
o Tympanometry	14
o Otoacoustic Emission	16
• Hearing Screening Program Evaluation	17
• Referral Procedures and Follow-up	17
• Recommended Portable Screening Equipment Requirements	18
• Common Hearing Screening Errors	19
• Hearing Resource Information	19

## LETTERS

• Hearing Screening Information Letter (Letter A)	20
• Hearing Screening Notification Letter (Letter B)	21
• Hearing Screening Monitoring Waiver (Letter C)	22

## FORMS

• Hearing Screening Record Form (Form A)	23
• Otoacoustic Emission (OAE) Hearing Screening Referral Report (Form B)	24
• Tympanometry/Otoacoustic Emission (OAE) Hearing Screening Form (Form C)	25
• Hearing Screening Form (Form D)	26
• Hearing Screening Referral Report (Form E)	27
• Hearing Follow-up Record Form (Form F)	28
• Hearing Screening Annual Report (Form G)	29
• Screening Results Documentation Form /Physician's Form (Form H)	30

## APPENDIX

A. State Laws Pertaining to Hearing Screening Programs	31
B. Hearing Resources	34

# Ohio Department of Health Hearing Screening Requirements and Guidelines for Preschool and School-Aged Students

## INTRODUCTION TO HEARING SCREENING POLICIES FOR STUDENTS

Undiagnosed hearing loss in school students may interfere with normal speech and language development as well as access to instruction and can be permanent or fluctuating. Even mild or unilateral hearing loss may be educationally significant. Regular school hearing screenings are an important method of identifying students who are at risk for hearing loss. Early detection and treatment of hearing disorders provide students the best opportunity to develop academically, emotionally, and socially.

Hearing loss caused by exposure to recreational and occupational noise is 100% preventable. With the increased use of cell phones, computers, tablets with headsets and/or earbuds/headphones, there are incidental reports from audiologists and school nurses that younger students are showing signs of having noise-induced hearing loss (NIHL) that are not being detected by school hearing screenings. The incidences of NIHL and tinnitus can be reduced by changing knowledge, attitudes, and behaviors about sound exposures.

The Ohio Department of Health (ODH) stresses that hearing screening, while a valuable public health procedure, is not a substitute for a complete audiological/medical examination. However, to further ensure students with hearing disorders are detected early, programs using regulated and supervised screening procedures have become essential.

The Ohio Revised Code gives ODH the authority to institute specific testing procedures, grades and forms that are used in the school hearing screening program. Appendix A contains a complete text of state laws pertaining to hearing screening programs. ODH's policies governing hearing screening programs were reviewed by the Ad Hoc Hearing Advisory Committee and their recommendations are implemented into this policy.

## HEARING SCREENING GOALS AND ACTIVITIES

*The ODH goals of a school hearing screening program are:*

- Early detection and identification of hearing loss.
- Access to professional care for all students suspected of having a hearing loss, regardless of financial limitations.
- Educate students and their parent/guardians about the sources and consequences of dangerous sounds, as well as how to protect themselves from dangerous sounds.

*The activities of a school hearing screening program that are necessary to accomplish the goals as listed above are:*

- Perform hearing screenings according to ODH's guidelines.
- Notify parent/guardian prior to student's hearing screening. (Letter A/ Letter B)
- Notify parent/guardian of the student's hearing screening results and the need for further medical/audiological examination. (Form B/ Form C/ Form E)



- Provide referral assistance to hearing professionals.
- Follow-up with parent/guardian to make sure student has received medical/audiological examination. (Form F)
- Inform educational staff of the student's hearing screening results if necessary.
- Report hearing screening data annually to ODH by June 1<sup>st</sup>. (Form G)

## HEARING SCREENING PROGRAM COMPONENTS

A screening program should include the following components:

Established policies that ensure all parents/guardians receive educational materials which respect their cultural and literacy needs. These materials should communicate the importance of:

- Notification about the importance of hearing as it relates to ability to learn. Notification of impending hearing screening is sent to the parent/guardian before the student's hearing screening via school newsletter or website, note, email. The School Hearing Screening Notification Letter may be used.
- Scheduling and attending a comprehensive hearing evaluation if their student does not pass a hearing screening.
- Increased risk for hearing problems in defined high-risk populations (noise- exposed students).

## RISK FACTORS OF HEARING LOSS

- Parent/guardian concern.
- Otitis media (ear infections, which are the most common cause of hearing loss in young children).
- Craniofacial abnormalities (the head, face, and/or ears are shaped differently).
- Family history of hearing loss.
- Exposure to infection in the womb.
- Ototoxic medications (damaging the auditory system).
- Syndromes that are associated with hearing loss, such as Down Syndrome or Usher Syndrome.
- Being in the neonatal intensive care unit more than five days.
- Certain diseases, such as measles, mumps, rubella, and bacterial meningitis.
- Head trauma (injury).
- Increased risk for hearing problems in defined high risk-populations (history of chronic middle ear infections and history of noise exposure).

## SUMMARY OF STATE LAWS PERTAINING TO HEARING SCREENING

- If the board of education or the board of health offers services by a physician or a nurse in the school, it must provide hearing screenings for students in accordance with the requirements set forth by ODH (section 3313.69 of Ohio Revised Code).
- By November 1 of the year a student is enrolled for the first time in either kindergarten or first grade, the student must be given a hearing screening in accordance with the requirements set forth by ODH (section 3313.673 of the Ohio Revised Code). The board of education may provide any of the elements of the screening program itself, contract with any person or governmental entity to provide any such elements or request that parent/guardian take the student to obtain any such elements from a provider selected by the parent/guardian.
- Boards of education and boards of health, in providing hearing screenings, must use devices and procedures approved by ODH. The procedures for conducting screenings include, but are not limited to, age or grade levels to be screened, frequency and intensity of tones to be used and criteria for referral (section 3313.69 of the Ohio Revised Code).
- Boards of education and boards of health that provide hearing screening must keep accurate records of the tests and of the measures taken to treat problems identified through the screenings which are consistent with the forms furnished or approved by ODH (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to state and local health, education and human service departments and agencies statistical data from the records of the hearing screenings (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to the same agencies listed in the paragraph above individual records only in cases where there is evidence that no measures have been taken to treat problems determined by the screenings (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must make available to school authorities individual records in cases where they are deemed essential in establishing special education facilities for the hearing impaired (section 3313.50 of the Ohio Revised Code).
- Boards of education and boards of health must report any diseased condition or defect found as a result of the screening in a sealed envelope addressed to the parent/guardian (section 3709.22 of the Ohio Revised Code). Appendix A contains a complete text of these sections of the Ohio Revised Code.
- Boards of health are to make examination, report, and recommendations available to parent/guardian (section 3313.73 of the Ohio Revised Code).
- Boards of education and boards of health need to make appropriate referrals for follow-up after a student refers on a hearing screening (rule 4753-6-01 of the Ohio Administrative Code).





## HEARING SCREENERS

All school personnel providing hearing screening must have adequate instruction and training before completing a hearing screening. Hearing screeners should be trained on the most recent ODH Hearing Screening Requirements and Guidelines for Preschool and School-Aged Students. All training obtained must be in compliance with the requirements outlined in this document.

ODH sponsored trainings can be found at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-s-hearing-vision-program/training/> or contact the ODH Children's Hearing and Vision Program at (614) 466-1995.

Hearing screenings for students may be conducted by:

- Physicians.
- Audiologists.
- Audiology aides only under supervision of an audiologist (Licensing Law 4753.072 of Ohio Board of Speech and Hearing Professionals).
- Speech language pathologists.
- Speech language pathology aides only under the supervision of a speech language pathologist (Licensing Law 4753.072 of Ohio Board of Speech and Hearing Professionals).
- Registered Nurses (RNs).
- Nursing Delegates.

*ODH's legal counsel in 1991 concluded that professionals who provide hearing screening services to schools, whether as volunteers or contract personnel, must follow the testing requirements and methodologies that are approved by ODH.*

## HEARING SCREENING LIMITATIONS

Hearing screening is an effective method of identifying students at risk for hearing loss. Screening programs should stress that screening is not a diagnostic hearing evaluation and will not detect all hearing problems. For the benefit of the students being screened, errors toward false positives (i.e., over-referrals) are preferred. Parents/guardians of students screened should be informed of the **limitations of the screening**. Routinely, referrals should be made only following a second screening. In general, some students will pass the second screening, reducing the over-referral rate.

## INFECTION CONTROL

Sanitation practices are an important part of the screening process. Appropriate measures must be taken to prevent spread of infection and disease. Below are steps for infection control.

Hand washing should be done with soap and water between each screening. If soap and water is not available, use antimicrobial hand gel with at least 60% alcohol.

Use a low-PH quaternary ammonia chloride based cleaner (like Sani-Cloth Wipes or Audio Wipes), which is a broad-level disinfectant that will help prevent spread of bacteria, fungi, and viruses. The wipes are used to clean off the headphones after any noticeable moisture on the phones and/or for end of the day cleaning after screening.

## STUDENTS WHO SHOULD NOT BE INCLUDED IN THE HEARING SCREENING PROGRAM

Students who should **not** be included in the school hearing screening program:

- Students who wear hearing aids.
- Students who have a cochlear implant.
- Students with known hearing loss including sensorineural and progressive hearing loss.
- Student with parent/guardian refusal. (Must have written letter for every year of testing in student's health record from parent/guardian.)
- For students who should not be included in the school hearing screening program, follow-up with parent/guardian is important to ensure the student is under the care of a primary care provider or audiologist. (Documentation of current hearing test within the past 12 months should be in the student's file.)
- Students who have had a hearing screening provided by their pediatrician must have the Pediatric Screening Form filled out. Once filled out, hearing screening does not have to be completed for that student.
- Kindergarten students who were screened as part of a round-up for the school.

## STUDENTS TO BE SCREENED

### *Preschool students:*

Preschool students attending a school-based program shall be screened each year he/she is enrolled in preschool. Students who cannot be screened using approved and/or optional methods shall be referred for a complete medical/audiological evaluation.

### *School-aged students in traditional classes:*

School-aged students shall be screened at six grade levels: kindergarten, first, third, fifth, ninth and eleventh grades. Students may be screened in additional grade levels.

In addition, the following school-aged students shall be screened annually or upon occurrence:

- Students new to a school (not screened within the past 12 months).
- Students referred by teachers or other school personnel.
- Students who were referred within the past year with no documented follow-up, regardless of grade.
- Students absent during the previous hearing screening.
- Students at risk for noise exposure (e.g., band, vocational education, industrial education, automotive mechanics).
- Students who request a hearing screening.
- Students whose parent/guardian request a hearing screening.

### *Students evaluated or re-evaluated for Special Education Services:*

Students in special education classes or on an Individual Education Plan (IEP), shall be screened at the ages that correspond to the grade levels required for all students (preschool, kindergarten, first, third, fifth, ninth, and eleventh grade). These students should remain in the screening program due to a higher risk of undetected hearing loss and may be candidates for optional otoacoustic emission (OAE) testing and tympanometry screening.



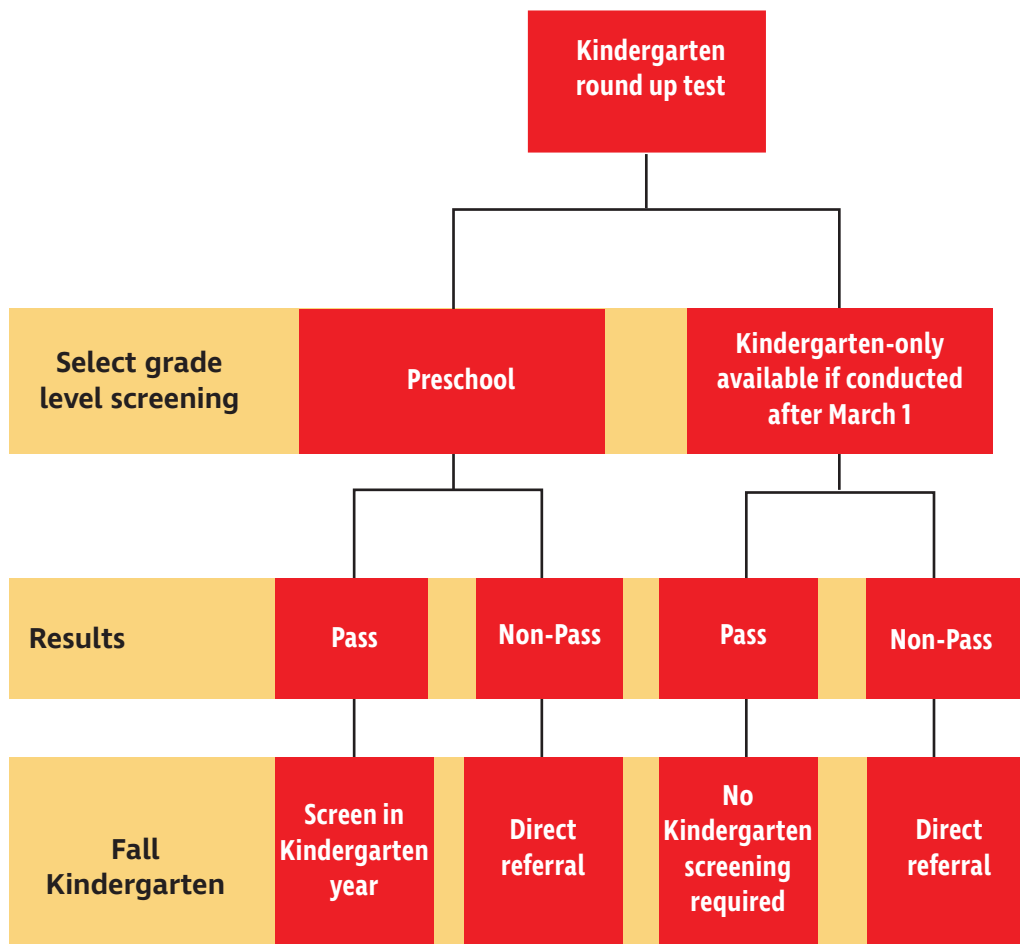


If the student cannot be screened, the student should be referred for a complete medical/audiological evaluation and proper documentation should be included in the student’s health record that testing could not be completed and parents/guardians were notified to follow up with a complete hearing evaluation.

### ROUND-UP OR SPRING ENROLLMENT SCREENINGS

Kindergarten round-up is a frequently used orientation program for pre-kindergartners and their parents/guardians. This event encourages families to visit classrooms, meet teachers, and experience a kindergarten day. During this time, school personnel can assess the student’s health issues through various screening tests.

To streamline the screening process, preschool screenings that occur on or after March 1 and follow the procedures for kindergarten screening requirements will fulfill the kindergarten screening requirements. The chart below illustrates the path screeners need to follow to fulfill this requirement.



Any incoming preschool/kindergartner who had his/her hearing screened at the physician’s office according to the ODH hearing screening guidelines during the past 12 months may also be counted in the total numbers of students screened for the current school year report. (Form F)

## HEARING SCREENING TESTING ENVIRONMENT

The ideal screening setting should include a quiet room, free from distractions and noise (i.e. no other students in the room or outside of the room, adjoining classrooms, loud heaters/air conditioners, building construction, etc.)

### Required Screening Procedures

#### OBSERVATION

The screener shall note on the hearing screening form any student reported symptoms:

- Not hearing well.
- Hearing better out of one ear than the other.
- Ear pain or tenderness.

Direct observation of the following:

- Discharge from a student's ear canal.
- Malformation of the ear.
- Soreness or tenderness in or about the ears.
- Foul odor from ear.

#### Referral

- A student who has any of the conditions listed in direct observation shall be **referred immediately** for a medical/audiological evaluation and not proceed with hearing screening.

## PURE-TONE SCREENING

### Equipment

The following equipment is NOT APPROVED for use in schools for hearing screening:

- Hand-held pure-tone equipment (with otoscopic tip to ear), automatic pure-tone equipment, and standardized speech (picture) testing equipment are not approved for use in school hearing screenings.

The following equipment is APPROVED for use in schools for hearing screening:

- Pure tone equipment that meets the appropriate current standards by the American National Standards Institute (ANSI).
- Variable intensity attenuator ranging from 0 dB to 50 dB (at minimum).
- Binaural headset.



## Preparation

*To protect the privacy and confidentiality of the student, screening must be conducted in an area of the school that is private and allows for individual attention to the student.*

- Plug the audiometer into an outlet, making sure it does not cause a tripping hazard.
- Turn the power switch to the "on" position.
- Place the tone switch in the "pulse" position, if available.
- Verify annual calibration of the audiometer.
- Check the audiometer to see if it is working properly. If it is not, do not use it until it has been repaired.
  - While wearing the earphones, the tester (or a person known to have normal hearing) should be able to hear the tones at the screening levels.
  - All levers and controls should operate smoothly and be free of any extraneous noises. With the earphones on, listen for a smooth increase and decrease of the sound.
  - The earphone cords should be free from breaks. To check for breaks in the cords, shake the cord and listen for interruptions in the signal. Do this for each earphone separately.
  - When checked, the signal should switch properly from the right earphone to the left earphone.
  - The earphone cushions must be free of cracks and splits.
- Seat the student where he/she cannot view the audiometer controls during the hearing screening.
- Verify correct placement of the headphones, check that the diaphragm of the earphone is placed directly over the ear canal. Adjust the earphone head piece to fit securely. The student wearing eyeglasses should be instructed to remove the eyeglasses before the screening to ensure a better earphone fit.
- Instruct the student to raise his/her hand when the tone is heard and to put his/her hand down when tone is no longer heard. The student can raise either hand, do not ask to identify which ear the tone is being presented to.



## Steps to Conduct Pure-tone Screening

- Select the right earphone.
- Observe both ears before placement of headphones.
- Place the earphones over the student's ears with the right earphone (red) over the right ear and the left earphone (blue) over the left ear.
- Make sure the diaphragm of the earphone is directly over the ear canal.
- Turn the intensity dial to 50dB at 4000 Hz for a practice tone. If the student responds, you are ready to begin the screening. *If the student does not respond to any tone/beep presented at testing frequency, repeat tone/beep at the same decibel/same frequency. If still not heard, mark as a refer and move on to the next frequency.*
- Present the following tones to the right ear:
  - 4000 Hz @ 20dB
  - 2000 Hz @ 20dB
  - 1000 Hz @ 20dB
- Present the following tones to the left ear:
  - 1000 Hz @ 20dB
  - 2000 Hz @ 20dB
  - 4000 Hz @ 20dB
- The screening test is now completed. Record your results.

## Rescreen

- Any student who refers on the screening (i.e., who does not respond at 20dB HL at testing frequencies of either or all of 1000 Hz, 2000 Hz, or 4000 Hz in one or both ears) must be rescreened.
- The second screening must be done in approximately four to six weeks from the date of the first screening.

## Referral

- Any student who refers on both the first and second screenings shall be referred out for a complete medical/audiological evaluation within seven to 10 business days.
- Any student referring on the first school screening and who referred the previous year's school screening with no documented follow-up care shall be immediately referred.



## Parental Permission

Obtain parent/guardian permission to:

- Provide screening results to the student's audiologist and primary care provider by using the School Hearing/OAE Screening Referral Report form or similar document. (Form B/ Form C)
- Receive hearing results for the screening program file.

## SCREENING PRESCHOOL STUDENTS AND SPECIAL POPULATIONS

Pure tone hearing screenings can be administered to most students age 3 and older. It may be more difficult, however, to test younger students who have been identified with an intellectual or developmental disability. Therefore, the screener may use any technique that yields consistent responses to the pure-tone stimuli. Some examples:

- Dropping block in a box.
- Stacking rings on a cone.
- Putting a peg in a peg board.
- Giving the screener high five.
- Giving the screener small pieces of paper or game chips.
- Pointing to an ear (not necessarily the test ear).
- Squeezing the hand or the finger of the tester (effective with students who have limited control of their limbs).
- Telling the tester to STOP the beep.
- Saying "I hear it" or "beep".
- Nodding their head.
- Hand clap.

The screener may help the student learn one of the above responses by physically taking the student through the movements of the task. After a few repetitions, the student may attempt the response without any cues from the tester.

The practice tones shall be presented at a 50 dB level. After the task is learned, the tones can be reduced until the testing level of 20 dB is reached.

Younger students do not always respond when a tone is presented. If a student responds consistently when the tone stops, the response can be considered valid.

## OPTIONAL SCREENING PROCEDURE

### TYMPANOMETRY

Tympanometry is highly recommended for preschool and kindergarten. First and third graders and the difficult-to-test students, upon rescreen. ODH recommends tympanometry as a useful tool for screening middle ear problems. It does not measure hearing and should not be used without pure tone or OAE testing.

Tympanometry is an objective measure of testing the integrity and function of the middle ear system; however, it does not screen hearing levels. This test provides a measure of the health of the eardrum (tympanic membrane) and the middle ear space behind it by measuring the movement of the tympanic membrane as varying degrees of air pressure are introduced into the ear canal.

Tympanometric testing shall be performed using a 226 Hz tone and a constant pump speed of 200 daPa/sec. Tympanometric equipment shall meet the appropriate current standards by American National Standards Institute (ANSI). If not conducted properly, tympanometry screening will produce over-referrals. Technical assistance is available from the Hearing and Vision Program at ODH.

The test is performed by placing a soft, rubber-tipped probe snugly into the ear canal while the student sits still. The tympanometer will then take a measure of the movement of the eardrum and record it on a graph called a tympanogram. The test takes only a few seconds. It is an effective screening tool for detecting middle ear problems and is most sensitive to fluid in the middle ear (otitis media).

In accordance with ODH's Hearing Screening Guidelines and Requirement on tympanometry, hearing screeners using tympanometry with pure tones shall follow the pass/referral criteria listed below:

Example of a "within normal limits" tympanogram (See Figure 1)

- Ear Canal Volume(ECV)- space measured between the tip of the probe and the eardrum.
  - Normal values are generally between .2 and 2.0.
  - Values greater than 2.0 will imply pressure equalizing (PE) tubes or perforation of the eardrum. However, these values are based on averages. Someone may have a larger than average ear canal volumes. Compare the ear canal volumes to each other. If someone has measured ECV of 2.3cm and 2.4cm; no history of PE tubes or no visualized tubes. These are likely real values and not bilateral perforations.
- Gradient is the tympanometric pressure width at 50 percent of the compliance peak.
  - Normal tympanometric width ranges from 50 to 200 daPa.

Example of a "refer" tympanogram is a flat tympanogram or a gradient (tympanometric width) greater than 200 daPa. (See Figures 2 and 3)

Abnormal tympanometry results may be indicative of:

- Fluid in the middle ear.
- Perforated ear drum.
- Impacted ear wax.
- Scarring of the tympanic membrane.
- Ossicular disarticulation.

A student who fails the tympanometry screening shall be referred immediately for a complete medical/audiological evaluation.

Figure 1.

- (1) Example of a normal tympanogram that indicates maximal absorption of sound energy at atmospheric pressure.

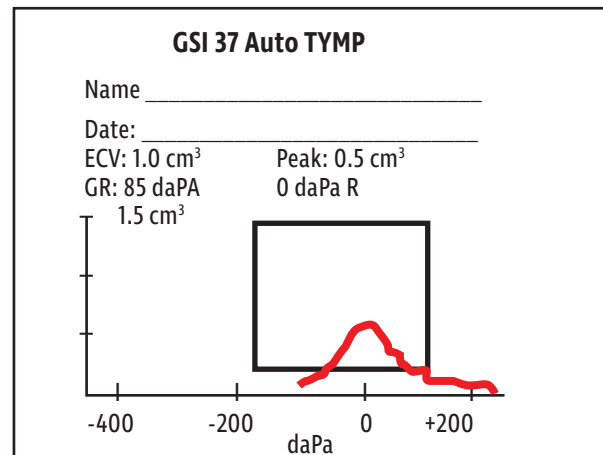


Figure 2.

- (1) Example of a flat tympanogram that indicates lack of normal absorption of sound energy across the pressure continuum.
- (2) Implies outer or middle ear obstruction to sound conduction i.e. fluid, perforation, wax obstruction or PE tubes.

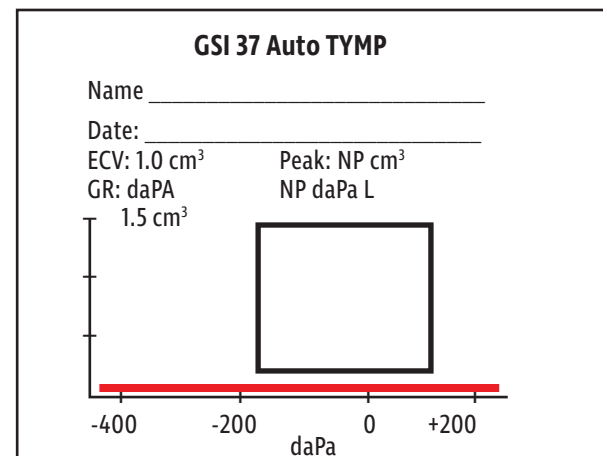
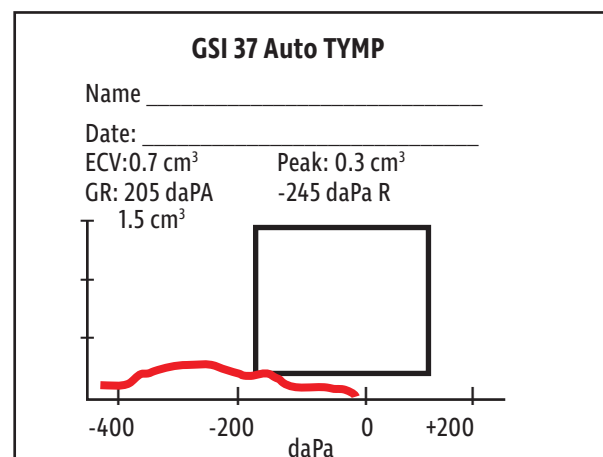


Figure 3.

- (1) Example of a tympanogram in which the gradient is more than -200 daPa. Gradient is the tympanometric pressure width at 50 percent of the compliance peak.
- (2) Normal tympanometric width ranges from 50 to -200 daPa.



## OPTIONAL SCREENING PROCEDURE

### OTOACOUSTIC EMISSIONS

Otoacoustic emission (OAE) hearing screening has been approved as an alternative test for students who are unable to complete a pure-tone screening either due to young age or physical or developmental challenges. OAE testing is not a substitute for pure tone screening for other students. It is important to document why the student was not tested with pure tone screening. OAEs are approved as an optional test procedure. *They are not required.* Some school districts with large preschool and/or special education populations may want to consider utilizing OAE testing.

Otoacoustic emissions (OAEs) are low-intensity sounds produced by normal, healthy ears. These sounds are produced either spontaneously or in response to an acoustic signal. The OAE originates in the inner ear (cochlea) from the outer hair cells in the cochlea. The response also requires normal or near normal middle ear functioning. A small probe (foam or rubber) is placed in the student's ear. A soft sound is presented, and the ear produces an emission or echo response. This response is measured with a small microphone that is in the probe. Tympanometry should be used in conjunction with the OAE screening for optimal results.

A pass OAE means the student has normal outer hair cell function. OAEs do not assess hearing acuity. The student will pass if their hearing is at least 30 dB or better. This means a student with a very mild hearing loss (20-25dB) can still pass this test. Do not state the student has normal hearing because of a pass result on OAE hearing screening. In rare cases a student will pass OAEs and have a condition called *auditory neuropathy* (auditory dyssynchrony). In auditory neuropathy, normal outer hair cell function is present while inner hair cell or neural function may be abnormal. If a student is not developing normal speech and language, does not respond to sound or responds inconsistently to sound, they should be referred for a complete audiological evaluation. The OAE equipment will display a *pass* response. A student who passes the OAE will not be rescreened.

A student whose test results indicate "refer" shall be rescreened **immediately**. A student whose test results indicate "refer" on the second OAE shall be referred for a complete medical/audiological evaluation. A student who is unable to be tested shall be referred for a complete medical/audiological evaluation. Please submit completed referral in seven to 10 business days by mailing it to the parent or guardian.

There are many reasons why an OAE test may display "refer" for a student.

- The student is vocalizing, moving.
- Wax (cerumen) in the ear canal.
- Fluid in the middle ear space (otitis media).
- Perforation in the eardrum.
- Noisy environment.
- Hearing loss.







## HEARING SCREENING PROGRAM EVALUATION

To determine the effectiveness of the hearing screening program, careful evaluation of the planning, implementation, referral process, and the referral of outcomes must be completed with each hearing screening. Much of this information is essential for reports to the board of education and the school health advisory committee. Evaluation is an on-going process.

Keeping outcome data about the hearing screening program and referrals helps the school nurse evaluate the effectiveness of the program.

Ongoing evaluation must include the following tasks:

- Quantify the pass/refer rates.
- Estimate the sensitivity and specificity of the screenings.
- Assure effectiveness of follow-up protocols for students failing the screening.

Many questions can be answered from the acquired data. Information that can be gathered in the evaluation process includes the number of students screened, the number of referrals, and the type of hearing problems identified.

## REFERRAL PROCEDURES AND FOLLOW-UP

Hearing screenings are a public health strategy used to effectively identify students with or at risk for hearing disorders. Screenings will produce both over referrals and under referral. However, for the benefit of the student being screened, errors toward false positives, i.e. over referrals, are preferred.

Screeners should monitor the accuracy of their referrals. One way this may be done is to compare the school screening results with the findings of the audiological examination. Not all appropriate referrals will result in treatment, but if there are frequent discrepancies between the screening and the hearing evaluation results, screening methods must be reviewed.

These are recommended for an effective assessment program:

- Written notification of the screening results should be reported in a sealed envelope addressed to the parent or guardian of the student screened within seven to ten days. (Form A/ Form B) This notification will inform the parents/guardians that their child has failed a hearing screening and that a professional hearing evaluation is recommended. Use the Hearing Screening Referral Report/OAE Hearing Screening Referral Report and the Screening Results Documentation (Form A/Form B/Form H) and return within 30 days of the examination.
- Results of the student's hearing screening should be entered on the Hearing Screening Record and tracked by the screener. (Form A/Form F)
- Results of a student's hearing screening test shall be entered on the student's permanent school health record.
- Students who failed the hearing screening should receive follow-up to assure proper treatment. Use the Hearing Screening Follow-Up Record to track a student who needs follow-up. (Form F)

- Students who were referred during the past 12 months and have no documented follow-up care, such as the Hearing/OAE Screening Referral Report, regardless of grade should receive the Follow-Up Referral Letter. This is a secondary measure to ensure parents/guardians receive a reminder that the school is still in need of receiving the Hearing/OAE Screening Referral Report form. *If there is no documentation returned, the student will need to be screened in their current grade.* (Form F)
- Forms used for hearing screening and follow-up may be downloaded from the ODH website (<http://www.odh.ohio.gov>) or photocopied from the examples in the forms section of this document. Schools may request approval for use of a form other than those available from ODH by submitting the form to ODH's Hearing Screening Program.
- Report hearing screening data by school building by June 1 annually to ODH (mandated by section 3313.50 of the Ohio Revised Code). Data shall be submitted electronically by accessing the Hearing Screening Annual Report Form.

## RECOMMENDED PORTABLE SCREENING EQUIPMENT REQUIREMENTS

All equipment MUST be calibrated annually to the appropriate current standards by ANSI.

### *Pure-tone equipment:*

- Pure-tone equipment shall have a variable intensity attenuator ranging from 0 dB to 50 dB.
- Pure-tone equipment shall have a binaural headset. Hand-held pure-tone equipment, automatic pure-tone equipment and standardized speech (picture) testing equipment are not approved for use in school hearing screenings.
- Pure tone equipment shall meet the appropriate current standards by the ANSI.

### *Tympanometry equipment:*

- Tympanometric testing shall be performed utilizing a 226 Hz tone and a constant pump speed of 200 daPa/sec.
- Tympanometric equipment shall meet the appropriate current standards by ANSI.

### *Other:*

- All equipment shall be calibrated annually to the appropriate current standards by ANSI.
- Screening personnel may contact ODH, Children's Hearing and Vision Program at (614) 466-1995 for advice when purchasing equipment. ODH does not endorse a specific manufacturer or model.



## COMMON HEARING SCREENING ERRORS

- Unnecessary background talking/room noise during screening.
- Fatigue of student caused by extended screening time.
- Rushed screening process.
- Inaccurate or unclear directions to the student.
- Student in direct view of the audiometer's control panel.
- Earphone on the wrong ear.
- Visual cues given through eye or body movement of the examiner.
- Tone presentation shorter than one second. Tone presentation in a rhythmic manner.

## HEARING RESOURCE INFORMATION

Children's Hearing and Vision Screening Program

Bureau of Maternal, Child and Family Health

Ohio Department of Health

246 North High Street, 3<sup>rd</sup> floor

Columbus OH 43215

Phone: (614) 466-1995

Fax: (614) 728-6793

Website: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-s-hearing-vision-program/hearing-vision-program>

To request the substitution of one grade for another or documentation approval, send written documentation of need to program administrator of the Children's Hearing and Vision Program at the above address. Documentation shall consist of the grade to be changed or added, specific rationale for the request and duration of the substitution. Permission to substitute grades will not be granted for preschool, kindergarten, first and third grades.

For additional information see the Hearing Resource chart in Appendix B page 33.



## Letter A

# Hearing Screening Information Letter

To: Parent or guardian

From: \_\_\_\_\_

Hearing screenings will be administered on \_\_\_\_\_ to all preschool and students in grades \_\_\_\_\_.

### Why is it important to have your student's hearing screened?

- Hearing is important for speech, language development, reading and learning.
- A hearing screening can detect if your student needs further hearing testing.
- Even if your student has passed a hearing screening previously, their hearing can change.
- Hearing problems can be related to medical problems.
- Hearing loss is invisible, and your student may appear to be not paying attention.

### Hearing screening will consist of one or more of the following tests:

**Tympanometry:** Screening of middle ear function to determine presence/absence of middle ear fluid and/or wax which could interfere with normal hearing.

**Audiometry:** Screening of hearing acuity.

**Otoacoustic Emissions (OAE):** An objective test that screens for an estimate of hearing sensitivity.

If your student passes the hearing screening, you may not be contacted. A hearing screening only provides a snapshot of how your student performs on the day the test was administered and is not a substitute for a complete hearing evaluation by an audiologist.

If your student fails either part of the screening, a rescreen and/or referral will be made. Please direct any questions to \_\_\_\_\_  
\_\_\_\_\_.



## Letter B

### Hearing Screening Notification Letter

Name/Date: \_\_\_\_\_

Dear Parent or guardian:

Routinely, hearing screenings are conducted on students for the detection of hearing problems. Hearing screenings are important for the following reasons:

- Hearing is important for speech, language development, reading and learning.
- A hearing screening can detect if your child needs further hearing testing.
- Temporary hearing loss causes students to miss crucial instructions in the classroom.
- Parent/guardians may not be aware of a child's mild hearing loss in day-to-day home situations.
- Even mild losses may interfere with learning new vocabulary, which is critical for success in reading.
- Hearing loss is invisible and the child may be blamed for not paying attention.
- Hearing loss may be a sign of ear disease.
- Students with very mild losses or loss in only one ear may experience academic failure.
- Even if your child has passed a hearing screening previously, his or her hearing can change.

\_\_\_\_\_Your child has PASSED the hearing screening.

\_\_\_\_\_Your child REFERRED on the hearing screening. It is recommended that you take your child to his or her primary care provider or audiologist for further evaluation. Please have the enclosed Hearing Screening Referral Report filled out and returned.

It is important to your child's school success to have a professional evaluation. If a problem is found and corrected, it may help your child do better in his or her school work. Enclosed is a referral report to take to a primary care provider or audiologist.

Sincerely,

\_\_\_\_\_  
Name/Date

## Letter C

### School Hearing Screening Monitoring Waiver

[School Letterhead]

SAMPLE Screening Waiver Letter

Date: \_\_\_\_\_

To: Parent(s)/Guardian of

#### Hearing Screening Waiver

School Year: 20 \_\_\_\_ - \_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state-mandated annual school hearing screening/monitoring for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's hearing may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school hearing screenings. I understand by choosing to exempt my child from the district hearing screening/monitoring, I cannot hold the district liable in any way for any undetected changes in hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled hearing screening/monitoring.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Guardian Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

*This area for office use only:*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



## Form A Hearing Screening Record Form

			School Year		
Name				Age	Date
Grade	School		Tester		

**For Pure Tones**

Put a "P" (pass) under the column marked "R" (right) if the child hears all three test tones in the right ear. Put a "R" (refer) under this column if the child does not hear all three test tones. Do the same for the left ear.

**For Tympanometry**

Put a "WNL" (within normal limits). Put the amount of negative pressure or flat if the child fails. Do the same for the left ear.

	1st Screening				2nd Screening				Date of 2 <sup>nd</sup> Screening	Referral letter sent
	Pure Tones		Tympanometry (optional)		Pure Tones		Tympanometry (optional)			
Name of Student	R	L	R	L	R	L	R	L		

# Form B

## Otoacoustic Emission (OAE) Hearing Screening Referral Report

Date: \_\_\_\_\_

To the Parent or guardian of \_\_\_\_\_ D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Your child is being referred for further evaluation because he/she failed our hearing screening procedure in our school. We are using a hearing screening called "Otoacoustic Emissions (OAE)." This is an objective test that records a physiological response from the inner ear. Hearing problems can place your child at risk for learning difficulties. It is recommended that you take your child to his/her primary care provider or audiologist for further evaluation. If you have any questions concerning the screening results, please contact the school nurse. Please let the school nurse know if your child is already under a doctor's care for hearing problems or if you need assistance in finding a medical provider. **Please return the completed form to the school.**

### Otoacoustic Emission (OAE) Testing Results:

Otoacoustic Emissions (OAE)	Pass	Refer	Comments
Right Ear			
Left Ear			

"Pass" OAE means that the child has normal outer hair cell function. However, it does not rule out a mild hearing loss. OAEs do not assess hearing acuity. A child's peripheral hearing system has to be normal or within a normal range to pass this hearing procedure. A child with a mild hearing loss up to 30-35dB can pass this screening.

"Refer" OAE can mean that the 1) the child has a potential hearing loss or, 2) the child may have middle ear problems that affects the ability to record a response from the inner ear.

### EVALUATION RESULTS (to be completed by the healthcare provider):

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Please return form to: \_\_\_\_\_

### CONSENT AND RELEASE OF INFORMATION

I, \_\_\_\_\_ (parent/guardian) of the above named child, hereby authorize the provider completing this report to return this completed form to:

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

for the specific purpose of notifying the school of any specific hearing problems, recommendations and instructions for teachers related to the child's hearing problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child. However, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs for my child.

\_\_\_\_\_  
 (Signature of parent/guardian)

\_\_\_\_\_  
 (Date)





## Form C

# Tympanometry/Otoacoustic Emission (OAE) Hearing Screening Form

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Room Noise:  Good  Fair  Poor

### Tympanometry/Otoacoustic Emission (OAE) Results

	Tympanometry	OAE
<b>Right Ear</b>	Within normal limits _____	Pass _____
	Outside normal limits _____	Refer _____
	Could not test _____	Could not test _____
	Did not test _____	Did not test _____
<b>Left Ear</b>	Within normal limits _____	Pass _____
	Outside normal limits _____	Refer _____
	Could not test _____	Could not test _____
	Did not test _____	Did not test _____

\_\_\_\_\_ Your child passed today's tympanometry/OAE screening.

\_\_\_\_\_ Your child did not pass today's hearing screening. Please follow-up with a primary care provider or audiologist.

Comments:

## Form D Hearing Screening Form

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Screening Date: \_\_\_\_\_

Room Noise:  Good  Fair  Poor

### Hearing Screening Results (Pure-Tones)

Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz
<b>Right Ear at 20 Decibels</b>	Pass_____ (20 dB) Refer_____	Pass_____ (20 dB) Refer_____	Pass_____ (20 dB) Refer_____
<b>Left Ear at 20 Decibels</b>	Pass_____ (20 dB) Refer_____	Pass_____ (20 dB) Refer_____	Pass_____ (20 dB) Refer_____

\_\_\_\_\_ Your child passed today's hearing screening.

\_\_\_\_\_ Your child did not pass today's hearing screening. We will retest in few weeks.

\_\_\_\_\_ Your child did not pass today's hearing screening. Please follow-up with a primary care provider or audiologist.

Comments:



## Form E

# Hearing Screening Referral Report

Date: \_\_\_\_\_

To the Parent or guardian of \_\_\_\_\_ D.O.B \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Hearing screening was recently conducted at your child's school. The results of the hearing screening indicate that your child may have a hearing problem. Hearing problems can place your child at risk for learning difficulties. It is recommended that you take your child to his or her primary care provider or audiologist for further evaluation. Please let the school nurse know if your child is already under a doctor's care for hearing problems or if you need assistance in finding a medical provider. **Please return the completed form to the school.**

### Pure Tone Hearing Screening Results:

	1000	2000	4000	Observation/comments
<b>R</b>	Pass ___ (20dB) Not Pass ___	Pass ___ (20dB) Not Pass ___	Pass ___ (20dB) Not Pass ___	
<b>L</b>	Pass ___ (20dB) Not Pass ___	Pass ___ (20dB) Not Pass ___	Pass ___ (20dB) Not Pass ___	

### EVALUATION RESULTS (to be completed by the healthcare provider):

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Please return form to: \_\_\_\_\_

### CONSENT AND RELEASE OF INFORMATION

I, \_\_\_\_\_ (*parent/guardian*) of the above named child, hereby authorize the provider completing this report to return this completed form to:

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

for the specific purpose of notifying the school of any specific hearing problems, recommendations and instructions for teachers related to the child's hearing problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child. However, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs for my child.

\_\_\_\_\_  
(Signature of parent/guardian)\_\_\_\_\_  
(Date)



## Form F Hearing Follow-up Record Form

Ohio Department of Health	
	School Year
School	Date

The names of the children failing the hearing the hearing screening test should be listed below. A check mark should be placed under the appropriate column for each child.

Name of Student	Status of Case		Type of Referral		Follow-up Results					
	New Case	Previously Known Case	Med./Aud.	Ed.	No Medical Funding	Treatment Obtained	Educational or Rehabilitative Services Obtained	No Information	Further Action	Case Closed



# Form G

## Hearing Screening Annual Report

Grade	Number screened	Number rescreened	Equipment used Audiometer/OAE/ TYMP	Number referred	Number of referrals completed
Preschool					
Kindergarten					
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					
5 <sup>th</sup>					
6 <sup>th</sup>					
7 <sup>th</sup>					
8 <sup>th</sup>					
9 <sup>th</sup>					
10 <sup>th</sup>					
11 <sup>th</sup>					
12 <sup>th</sup>					
<b>Total</b>					

School Name \_\_\_\_\_ IRN \_\_\_\_\_ Submitted By \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

# Form H

## Screening Results Documentation Form

Form to be Completed by health care Provider

Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
 I authorize my child's physician to release this completed form to \_\_\_\_\_. Please fax to \_\_\_\_\_.  
 Attention: \_\_\_\_\_ I understand that the requestor will protect this information  
 as prescribed by the Family Educational Rights and Privacy Act (FERPA) and the Health Privacy Act (Including HIPPA).  
 \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### Pure Tone Hearing Screening Results:

	1000	2000	4000	Observation/comments
<b>R</b>	Pass__ (20dB) Not Pass__	Pass__ (20dB) Not Pass__	Pass__ (20dB) Not Pass__	
<b>L</b>	Pass__ (20dB) Not Pass__	Pass__ (20dB) Not Pass__	Pass__ (20dB) Not Pass__	

### EVALUATION RESULTS

Diagnosis: \_\_\_\_\_  
 Treatment Plan: \_\_\_\_\_  
 Comments: \_\_\_\_\_

### Vision Screening Results

Acuity Test:	Uncorrected:	Corrected:	Indicate Type by placing a "X"	Electronic Screener (check one):	Observation/
<b>R</b>	Pass: Non Pass_____	Pass: Non Pass_____	____ Lea 5 ft. ____ Lea 10 ft. ____ Eye Check ____ Solan Chart 10 ft.	<input type="checkbox"/> Suresight <input type="checkbox"/> Retinomax <input type="checkbox"/> JVAS	
<b>L</b>	Pass: Non Pass_____	Pass: Non Pass_____	____ Lea 5 ft. ____ Lea 10 ft. ____ Eye Check ____ Solan Chart 10 ft.	<input type="checkbox"/> Suresight <input type="checkbox"/> Retinomax <input type="checkbox"/> JVAS	
<b>Stereopsis</b>	Pass	Fail	____ Smile (PASS 2) ____ Random Dot E		
<b>Color Vision (Male Only)</b>	Pass	Non Pass	____ Ishihara - 14 plate ____ Pseudoisochromatic color testing - 16 plate ____ Color Vision Testing Made Easy		

### EVALUATION RESULTS

Diagnosis: \_\_\_\_\_  
 Treatment Plan: \_\_\_\_\_  
 Comments: \_\_\_\_\_

<b>Signature of examining Healthcare provider:</b> _____	<b>Date of exam:</b> _____
Address: _____	
Phone: _____	



## Appendix A

### State Laws Pertaining to Hearing Screening Programs

#### Section 3313.50

**Record of tests; statistical data; individual records.**

Boards of education and boards of health making tests for determining defects in hearing and vision in school children shall keep an accurate record of such tests and of measures taken to correct such hearing and visual defects. This record shall be kept on a form to be prescribed and furnished or approved by the director of health. Statistical data from such records shall be made available to official state and local health, education, and human services departments and agencies. Individual records shall be made available to such departments and agencies only in cases where there is evidence that no measures have been taken to correct defects determined by such tests, provided that such records shall be made available to school authorities where they are deemed essential in establishing special education facilities for children with hearing and visual defects.

#### Section 3313.673

**Screening of beginning pupils for special learning needs.**

(A) Except as provided in division (B) of this section, prior to the first day of November of the school year in which a pupil is enrolled for the first time in either kindergarten or first grade, the pupil shall be screened for hearing, vision, speech and communications, and health or medical problems and for any developmental disorders. If the results of any screening reveal the possibility of special learning needs, the board of education of the school district shall conduct further assessment in accordance with Chapter 3323. of the Revised Code. The board may provide any of the elements of the screening program itself, contract with any person or governmental entity to provide any such elements, or request the parent to obtain any such elements from a provider selected by the parent. If the board conducts hearing and vision screening itself or contracts for hearing and vision screening, such screening shall be conducted pursuant to sections 3313.50, 3313.69, and 3313.73 of the Revised Code.

B) Prior to the first day of August of the school year in which a pupil is required to be screened under this section, the board shall provide parents with information about the district's screening program. If the board chooses to request parents to obtain any screening services, it shall provide lists of providers to parents together with information about such screening services available in the community to parents who cannot afford them. Any parent requested to obtain any screening services under this division may sign a written statement to the effect that he does not wish to have his child receive such screening.

#### Section 3313.68

**Employment of medical and dental personnel; delegation of duties to board of health or offices.**

(A) The board of education of each city, exempted village, or local school district may appoint one or more school physicians and one or more school dentists. Two or more school districts may unite and employ one such physician and at least one such dentist whose duties shall be such as are prescribed by law. Said school physician shall hold a license to practice medicine in Ohio, and each school dentist shall be licensed to practice in this state. School physicians and dentists may be discharged at any time by the board of education. School physicians and dentists shall serve one year and until their successors are appointed and shall receive such compensation as the board of education determines. The board of education may also employ registered nurses, as defined by section 4723.01 of the Revised Code, to aid in such inspection in such ways as are prescribed by it, and to aid in the conduct and coordination of the school health service program. The school dentists shall make such examinations and diagnoses and render such remedial or corrective treatment for the school children as is

prescribed by the board of education; provided that all such remedial or corrective treatment shall be limited to the children whose parents cannot otherwise provide for same, and then only with the written consent of the parents or guardians of such children. School dentists may also conduct such oral hygiene educational work as is authorized by the board of education. The board of education may delegate the duties and powers provided for in this section to the board of health or officer performing the functions of a board of health within the school district, if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the prevention and control of epidemics.

(B) Notwithstanding any provision of the Revised Code to the contrary, the board of education of each city, exempted village, or local school district may contract with an educational service center for the services of a school nurse, or of a registered nurse or licensed practical nurse, licensed under Chapter 4723. of the Revised Code, to provide services to students in the district pursuant to section 3313.7112 of the Revised Code.

(Amendment effective Apr. 12, 2021.)

### Section 3313.69

#### **Hearing and visual tests of school children; exemptions**

The board of education or board of health providing a system of medical and dental inspection of school children, as authorized by section 3313.68 of the Revised Code, shall include in such inspection tests to determine the existence of hearing and visual defects in school children. The methods of making such tests and the testing devices to be used shall be such as are approved by the department of health.

Any child shall be exempted from a dental inspection if he has been examined for dental defects by a regularly licensed dentist, from a hearing test if he has been examined by a regularly licensed physician, and from a visual test if he has been examined by a regularly licensed physician or optometrist upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspections.

### Section 3313.73

#### **Board of health to make examination; report; recommendations to parents.**

If the board of education of a city, exempted village, or local school district has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make such recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

### Section 3709.22

#### **Duties of board of city or general health district.**

Each board of health of a city or general health district shall study and record the prevalence of disease within its district and provide for the prompt diagnosis and control of communicable diseases. The board may also provide for the medical and dental supervision of school children, for the free treatment of cases of venereal diseases, for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries, and county homes, and other charitable, benevolent, and correctional institutions. The board may also provide for the inspection of dairies, stores, restaurants, hotels, and other places where food is manufactured, handled, stored, sold, or offered for sale, and for the medical inspection of persons employed therein. The board may also provide for the inspection and abatement of nuisances dangerous to public health or comfort, and may take such steps as are necessary to protect the public health and to prevent disease.





In the medical supervision of school children, as provided in this section, no medical or surgical treatments shall be administered to any minor school child except upon the written request of a parent or guardian of such child. Any information regarding any diseased condition or defect found as a result of any school medical examination shall be communicated only to the parent or guardian of such child and if in writing shall be in a sealed envelope addressed to such parent or guardian.

### Rule 4753-6-01

#### Screening.

Screening is for the purpose of initial identification of persons who may have hearing, speech and/or language disorders. Verbal or written indications or descriptive statements about the results of a screening shall be limited to whether the individual passed or failed the screening procedure(s). The report of the findings shall state that the findings should not be construed as a complete evaluation, nor shall it offer remedial steps other than appropriate referral for complete examination by an audiologist, speech-language pathologist, or physician, as applicable. Criteria for failure shall be developed in consultation with an individual licensed in the area of the procedure pursuant to Chapter 4753. or Chapter 4731. of the Revised Code.

### Section 3313.73

#### Board of health to make examination; report; recommendations to parents.

If the board of education...has not employed a school physician, the board of health shall conduct the health examination of all school children in the health district and shall report the findings of such examination and make such recommendations to the parents or guardians as are deemed necessary for the correction of such defects as need correction. This section does not require any school child to receive a medical examination or receive medical treatment whose parent or guardian objects thereto.

## Appendix B

# Hearing Resources



	Description	Telephone	Web address:
<b>Children with Medical Handicaps (CMH)</b>	CMH is an Ohio Department of Health (ODH) program that links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their children need.	(800) 755-4769	<a href="https://www.odh.ohio.gov/odhprograms/cmh/cwmh/bcmh1.aspx">https://www.odh.ohio.gov/odhprograms/cmh/cwmh/bcmh1.aspx</a>
<b>American Academy of Audiology (AAA)</b>	The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The active membership of more than 11,000 is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders.	(800) 222-2336	<a href="https://www.audiology.org/">https://www.audiology.org/</a>
<b>American Speech-Language-Hearing Association (ASHA)</b>	The American Speech-Language-Hearing Association is the professional, scientific, and credentialing association for 145,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists.	(800) 498-2071	<a href="https://www.asha.org/">https://www.asha.org/</a>
<b>Pediatric Audiology/Hearing Facilities Directory by County</b>	A listing of pediatric audiology services by county.	(614) 728-4676	<a href="https://www.odh.ohio.gov/odhprograms/cmh/Infant%20Hearing/Audiologists.aspx">https://www.odh.ohio.gov/odhprograms/cmh/Infant%20Hearing/Audiologists.aspx</a>
<b>Local Health Departments</b>	Agencies that provide health care services and referrals to the local, county, and city communities.	(614) 466-3543	<a href="http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx">http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx</a>
<b>Medicaid Managed Care Providers</b>	Medicaid provides health care coverage to certain individuals with limited income. In Ohio, a person is entitled to free or low-cost Medicaid health care coverage if they meet specific income and eligibility requirements.	(800) 324-8680 (800) 605-3040	<a href="http://jfs.ohio.gov/OHP/index.stm">http://jfs.ohio.gov/OHP/index.stm</a> <a href="http://www.ohiomcec.com/providerSearch/">http://www.ohiomcec.com/providerSearch/</a>
<b>Ocali</b>	A resource center that provides individuals with disabilities access to educational material, assistive technologies, and highly specialized technical assistance and professional development support.	866.886.2254	<a href="https://www.ocali.org/">https://www.ocali.org/</a>
<b>Ohio Speech and Hearing Professionals Board</b>	The agency responsible for the licensure of speech pathologist and audiologist.	(855)405-5514	<a href="http://shp.ohio.gov/">http://shp.ohio.gov/</a>



<b>Ohio Department of Health (ODH) Hearing Screening Program</b>	The Hearing Screening Program provides technical assistance to those communities seeking access to hearing care. Staff can be contacted to work with local health officials to develop sustainable models of care and link families to care within their communities.	(614) 466-1995	<a href="http://www.odh.ohio.gov/odhprograms/cfhs/hvscr/hvscr1.aspx">http://www.odh.ohio.gov/odhprograms/cfhs/hvscr/hvscr1.aspx</a>
<b>ODH Hearing Conservation Program</b>	The goal of the Ohio Hearing Conservation Program is to increase awareness of preventable hearing loss among school-aged children and to provide information on hearing conservation programs for school personnel who are developing local programs.	(614) 466-1995	<a href="http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/hearing-and-vision-screening-for-children/hearingconservationbook.pdf?la=en">http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/hearing-and-vision-screening-for-children/hearingconservationbook.pdf?la=en</a>
<b>Opportunities for Ohioians with Disabilities (OOD)</b>	OOD is for individuals ages 14 and older. OOD helps people pre-prepare for work, find work, and become independent. It also provides job coaching, sign language interpreters, and other listening technology.	800-282-4536	<a href="http://www.OOD.ohio.gov">www.OOD.ohio.gov</a> <a href="http://www.OODWorks.com">www.OODWorks.com</a>
<b>Early Intervention</b>	A statewide system that provides coordinated services to parents of infants and toddlers with disabilities or developmental delays in Ohio.	(800) 755-4769	<a href="https://ohioearlyintervention.org/">https://ohioearlyintervention.org/</a>
<b>Hearing Conservation Sites</b>	These websites offer education about teaching hearing conservation to children and provide free resources to hand out to children.	It's A Noisy Planet Dangerous Decibels National Hearing Conservation Association SERTOMA SAFEARS	<a href="https://www.noisyplanet.nidcd.nih.gov/">https://www.noisyplanet.nidcd.nih.gov/</a> <a href="http://dangerousdecibels.org/">http://dangerousdecibels.org/</a> <a href="http://www.hearingconservation.org/?page=589">http://www.hearingconservation.org/?page=589</a> <a href="https://sertoma.org/what-we-do/safeears/">https://sertoma.org/what-we-do/safeears/</a>
<b>Sertoma</b>	Sertoma's mission is to improve the quality of life for those at-risk or impacted by hearing loss through education and support.	(816) 333-8300	<a href="https://sertoma.org/">https://sertoma.org/</a>
<b>Lion's Club</b>	Local Lion's Clubs and their members take action to make their communities better.	(630) 571-5466	<a href="http://www.lionsclubs.org/">http://www.lionsclubs.org/</a>



Ohio

Department  
of Health