

Chapter 21

The Role of Educational Audiologists in the EHDI Process

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Educational audiologists provide a critical link within the Early Hearing Detection and Intervention (EHDI) process. School-based audiologists are in a unique position to facilitate and support the developmental and educational management of children with hearing loss. Audiologists who are employed in school settings have an opportunity, as well as a responsibility, to promote early detection and intervention of hearing loss. While the Individuals with Disabilities Education Act's (IDEA) definition of audiology includes identification of children with hearing loss, the responsibility of population-based screening activities are generally considered health initiatives rather than special education responsibilities. Even so, audiologists should be involved with the management of these screenings to ensure that appropriate procedures are followed and screening targets are met. In addition to identification, IDEA mandates assessment, referral, provision of amplification and habilitation services, and counseling parents and

teachers. It also requires activities that promote the prevention of hearing loss. Further, educational audiologists have a responsibility to support families through the development of the Individual Family Service Plan (IFSP) under IDEA Part C.

There are several components of early identification and intervention of hearing loss that warrant consideration by educational audiologists. Foremost are the roles and responsibilities described in the IDEA Part C definition of audiology. These are discussed in Table 1, with specific examples of how educational audiologists may be involved. Other components that are important are:

- Serving as a resource to provide information about communication and educational options.
- Providing information about technology.
- The delivery of services within a child's natural environment.
- Personnel requirements for qualified providers.

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Table 1

Roles & Responsibilities of the Educational Audiologist under IDEA Part C [300.12(b)(2)]

For each of the roles described in Table 1, activities of the educational audiologist are suggested. The degree of involvement is dependent on state and local systems and resources. The educational audiologist should always work in collaboration with the EHDI team, Part C, and local clinical audiologists.

Role 1. Identification of children with hearing loss using appropriate audiological screening techniques.

- Attend manufacturer equipment trainings at hospitals and provide screening inservice to hospital screening staff on EHDI system and resources.
- Assist with data tracking and management.
- Review the screening program outcomes to ensure that the protocol used has met the desired identification targets.
- Provide screening rechecks prior to referral for diagnostic evaluation.
- Assist with tracking referrals from screening to rescreening to assessment.
- Provide information to families about the screening/rescreening process and necessary follow-up steps for assessment, where appropriate.
- Participate as a resource provider for the community.
- Refer to the Part C point of entry within 2 days of rescreen to initiate the referral process for possible service coordination and IFSP services. **NOTE:** In some communities, this step may not be completed until a hearing loss is actually confirmed. However, if the family needs support and assistance to obtain a hearing evaluation and assistance to obtain a hearing evaluation, the Part C referral should be initiated.

Role 2. Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures.

- Assist families with referrals for initial diagnostic evaluation, helping them locate appropriate pediatric audiological testing facilities (following rescreen).
- Refer to confirm diagnosis if necessary. **NOTE:** In some settings, the educational audiologist may be the diagnostic evaluator.
- Contact Part C point of entry within 2 days of hearing loss confirmation to initiate the IFSP process.
- Assist in the IFSP process with the family and appropriate infant and toddler service provider.

Role 3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss.

- Assist families in understanding diagnostic information (e.g., medical genetics).
- Assist families in identifying appropriate medical and other services that may be needed.
- Provide unbiased information to families about intervention, communication, and educational options.
- Act as liaison between medical providers, the family, and other IFSP team members.



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Table 1 (continued)

Role 4. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.

- Participate as a member of the multidisciplinary IFSP team to plan services.
- Assist the IFSP team in developing functional outcomes around the priorities the family has identified.
- Provide parents with information about their service agency options considering necessary service provider qualifications. **NOTE:** In some settings, the educational audiologist may be the direct service provider.
- Assist family in transition from Part C to Part B (school) services.

Role 5. Provision of services for prevention of hearing loss.

- Provide hearing screening services as available through local Part C and Part B (Child Find) agencies.
- Conduct ongoing surveillance measures to monitor hearing of “at-risk” children.
- Provide information on genetic counseling.

Role 6. Determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.

- Refer for hearing instrument selection and fitting. **NOTE:** In some settings, the educational audiologist may be the direct service provider for selecting and fitting of amplification.
- Assist families in identifying financial resources for amplification, when needed.

Role 7. Counseling and guidance of children, parents, and teachers regarding hearing loss (proposed 9/2000 IDEA Part C regulations).

- Identify needs of parents through the IFSP process and assist families in identifying appropriate service providers.
- Organize parent support groups.
- Connect families with other deaf and hard-of-hearing individuals.
- Provide unbiased descriptions of communication, amplification, and education options.
- Locate appropriate service providers for family’s choice of communication, amplification, and education options.



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Family Support

Educational audiologists are in a unique position to offer support to families of infants and young children who are diagnosed with hearing impairment. A child does not need to be school age to receive the services of educational audiologists. Many times, educational audiologists will function as service coordinators to children and youth that are deaf and hard of hearing from the time of identification until they graduate from high school. Educational audiologists then become a vital link between families and other services children receive, including community-based audiologists or cochlear implant centers, physicians, and community family service agencies. As infants reach preschool and then school age, educational audiologists become an essential part of the school team responsible for each child's educational services. In particular, educational audiologists play a key role as an advocate for children's access needs. When educational audiologists are involved from the time of diagnosis, they provide a measure of consistency for families as their children transition to preschool.

Communication and Education Resource

Educational audiologists offer families an unbiased perspective regarding local, regional, and state resources. They work with families to empower them in their children's education and to utilize the available resources to assist their child. Educational audiologists can support families through the IFSP process by being knowledgeable regarding all service options available to deaf and hard-of-hearing infants and young children. They also are instrumental in guiding families through the transition process from Part C to Part B.

Technology

Depending upon the degree of hearing loss, most newly diagnosed infants are fit with

hearing aids or are considered for cochlear implantation. These instruments are the beginning of a technological "journey" faced by families. Educational audiologists help families navigate this road. Many infants are fit with FM systems soon after receiving their hearing aids or cochlear implants. Educational audiologists have specialized training with hearing assistance technology and are required to assist families with these devices. Technology can be overwhelming for anyone; but can be especially daunting for families of newly identified infants. However, technology provides a critical link to communication and is an essential component for the future success of children. By working with educational audiologists early on, families help ensure technological success for their children's present and future.

Natural Environments

Educational audiologists have an opportunity to provide services to children in settings that are comfortable to both the child and the parent. In most situations, educational audiologists can support families in their homes—observing children in their customary environments. This opportunity helps educational audiologists build relationships with families that result in effective communication and encourage partnerships when developing IFSPs and Individualized Education Programs (IEPs). The educational audiologist may also provide information to help families adjust to communication in other environments, such as riding in the car, shopping, restaurants, etc. This support may include providing technology and instructing families on the appropriate use of the technology for those situations.

Qualified Providers

Educational audiologists are state licensed professionals with the education and training necessary to provide high-quality services to children who are deaf and hard of hearing. All audiologists have a minimum of a master's degree and many

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hold a doctorate in audiology (AuD). The AuD is now the entry-level degree for all audiologists. Educational audiologists can also recommend other qualified service providers for families. There are many parts of an educational team for a deaf and hard-of-hearing child, including, but not limited to, speech-language pathologist, early childhood specialist, educational psychologist, teacher, clinical audiologist, otolaryngologist, and pediatrician. Educational audiologists are instrumental in helping families choose providers that meet their individual family needs.

Beginning the Partnership with the Educational Audiologist

What can be done to begin the partnership between families, EHDI, service providers,

clinical audiologists, and educational audiologists? Following are suggestions to begin the relationship with the educational audiologist:

- EHDI can provide the name and contact information of the local educational audiologist to parents. Parents can contact their local educational audiologist directly.
- Invite the educational audiologist to an appointment with the family or arrange a meeting to discuss resources and services available through the school for infants and toddlers with hearing loss.
- Link families with other families of children with similar hearing losses. Utilize the educational audiologist to assist in identification of appropriate families in the community.
- Include the educational audiologist in the IFSP meeting.

NOTE: Portions of this chapter were drawn from Johnson, C. D., & Seaton, J. (2011). Educational audiology handbook (2nd ed.). In *Educational Audiology Association, Year 2009 position statement: Recommended professional practices for educational audiology*. Clifton Park: Delmar Cengage Learning. Retrieved October 15th, 2010, from: http://www.edaud.org/associations/4846/files/Professional%20Practices_pos09_REVISED.pdf

