

Chapter 24

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. They are in a unique position to facilitate and support the developmental and educational management of children who are deaf or hard of hearing (D/HH). Audiologists who are employed in school settings have an opportunity, as well as a responsibility, to promote early detection and intervention of hearing impairment. While audiology services in the Individuals with Disabilities Education Act (IDEA) includes identification of children who are D/HH, the responsibility of population-based screening are generally considered a health program rather than a special education service. Within the EDHI system, specific responsibilities for screening, assessment, referral for medical or other services, habilitation, use of amplification, and counseling vary by communities and available resources. Educational audiologists can play an important role in this process, including identification

and ongoing surveillance of hearing loss, as well as providing technical assistance, consultation, and training to Child Find teams to ensure best practices for early identification of late onset hearing loss. Regardless of the specific services provided, the educational audiologist must be part of the community system that assures all EHDI goals are met. Audiologists should be involved with the management of these screenings to ensure that appropriate procedures are followed and screening targets are met. The Joint Committee on Infant Hearing (JCIH) Position Statement outlined guidelines for EHDI programs that include procedures for hearing screening, confirmation of hearing levels, and continued surveillance of infants and toddlers who are at risk for hearing impairment (JCIH, 2019). In addition to identification, IDEA mandates assessment, referral, provision of amplification and habilitation services, as well as 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 deficits 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 at each step. Educational audiologists should also serve as a resource in other areas, including:

- Information about communication and educational options.
- Information about personal and assistive technology.
- Family-focused service delivery within the child's natural environment.
- Requirements for qualified providers.
- Options for remote learning.

Family Support

Educational audiologists are in a unique position to offer support to families of infants and young children who are diagnosed D/HH. The family and primary caregivers should be actively involved in the assessment process and decisions regarding intervention. Because IDEA spans birth to age 21, educational audiologists frequently function as service coordinators for children who are D/HH until they graduate from high school or otherwise age out of the state's education system. Educational audiologists are a vital link between families and other services children receive, including community-based audiology, cochlear implant centers, physicians, and community-based family service agencies. As infants transition to preschool and then school-age services and programs, educational audiologists have an increasingly important role within the school team. They are responsible for supporting each child's educational services and particularly as advocates for

their auditory and communication access needs. Educational audiologists who are involved from the time of diagnosis provide continuity for families as their children transition to preschool and beyond. Family support by educational audiologists may include the following services:

- Counseling and guidance of parents, family members, and professionals regarding a child's hearing status.
- Identifying needs of parents and families through the IFSP and IEP process.
- Providing support to families' emotional needs during transitions and referrals to other providers (e.g., mental health, social work) when warranted.
- Assisting families with identifying appropriate service providers for the family's preference of communication and intervention services, including personal hearing and assistance technology, American Sign Language, and/or educational programs.
- Facilitating parent support groups or referring families to parent-to-parent support organizations.
- Connecting families with other individuals who are D/HH.
- Providing impartial descriptions of communication, amplification, and education opportunities.

Communication & Education Resource

Educational audiologists offer families an impartial perspective of 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 support families through the IFSP process by providing information regarding all service opportunities available to infants who are D/HH and young children. They are also instrumental in guiding families through the transition process from Part C to Part B educational services and supports.

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Technology

Depending upon hearing levels and etiology, most newly diagnosed infants are fitted with hearing aids or considered for cochlear implantation. These hearing instruments are the beginning of a technological “journey” that educational audiologists help families navigate. Many infants are fitted with remote microphone hearing assistance technology systems soon after receiving their hearing aids or cochlear implants. Educational audiologists have specialized training in hearing assistance technology and are required to assist families with these devices. Technology can be overwhelming for anyone but especially daunting for families of newly identified infants or young children. Technology provides a critical link to language and communication and therefore is an essential component for building these skills. By collaborating with educational audiologists early on, families can gain greater knowledge and confidence with technology 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(s). In most situations, educational audiologists can support families in their homes by observing children in their customary environments. This helps educational audiologists build relationships with families, promotes effective communication, and encourages partnerships when developing IFSPs and IEPs. The educational audiologist may also provide information to help families with communication strategies in other environments, such as riding in the car, shopping, or restaurants. This support may include providing technology and instructing families on the appropriate use of the technology for those situations.

As early intervention programs have increasingly utilized remote learning and teleaudiology, it is important that educational audiologists continue to play a role. Teleaudiology increases options for supporting families and their children, particularly when considering the limitations imposed on in-person services during the COVID-19 pandemic. Because travel is not needed, remote services can be “on demand,” resulting in more timely support, such as troubleshooting technology and more frequent connections. Teleaudiology adds more flexibility, as the audiologist and parent can connect from any environment that has good Internet access for both parties. Remote technology also provides a medium for additional family members or friends to participate while adhering to CDC guidelines regarding family gatherings. Guiding and coaching parents through teleaudiology is an effective way to augment services for supporting families and their children in their home and other environments while still keeping everyone safe from potential health hazards. As the current pandemic subsides, families and providers may continue to prefer teleaudiology over traditional in-person services.

Qualified Providers

Educational audiologists are state licensed professionals with the education and training necessary to provide high-quality services to children who are D/HH. There are many professionals who may be members of the educational team for children who are D/HH, including, but not limited to, speech-language pathologists, early childhood specialists, educational psychologists, teachers of the D/HH, clinical audiologists, otolaryngologists, and pediatricians. Educational audiologists may assist families when selecting additional providers who have specialized knowledge and skills to meet their child's needs.

Table 1

Roles & Responsibilities of the Educational Audiologist under IDEA Part C [303.13(b)(2)]

For each of the roles described in *Table 1*, services provided by 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 families, the EHDI team, Part C, and local clinical and pediatric audiologists. **NOTE:** State lead agencies for Part C may vary, as well as the name of the early intervention (EI) program. The evaluation and intervention roles of educational audiologists who work in Part C programs may also vary by state and local education agency.

Role 1. Identification of children with auditory impairments using at-risk criteria and appropriate audiological screening techniques.

- Attend equipment trainings and provide screening inservices to other personnel involved with the EHDI process.
- Assist with state data tracking and management through the screening, referral, and diagnostic process.
- 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 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 impairment is diagnosed. However, if the family needs support 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.
- Refer to confirm diagnosis, if necessary.
- Contact Part C point of entry within 2 days of 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 an infant or toddler with a disability who has an auditory impairment.

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



Photo courtesy of Sound Beginnings/Utah State University

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 based upon the priorities the family has identified.
- Provide parents with information about service agency and other community options.
- 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 through local Part C and Part B (Child Find) agencies.
- Conduct ongoing surveillance measures to monitor hearing of children “at-risk” for late onset or progressive hearing impairment.
- Provide information regarding purpose of 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 personal and assistive hearing instrument selection and fitting.
- Assist families in identifying financial resources for hearing instruments, when needed.
- Monitoring development of auditory skills and review performance benchmarks to ensure technology is appropriate for the child’s current listening and communication needs.



Photo courtesy of Oticon A/S

Partnering with Educational Audiologists

How can partnerships between families, EHDI programs, service providers, clinical audiologists, and educational audiologists be established? The following suggestions should help get the relationship started:

- The EHDI coordinator can provide the name and contact information of the local educational audiologist to parents. Parents can then contact their local educational audiologist directly.
- Invite the educational audiologist to an appointment with the family or arrange a meeting to discuss resources and school services for children who are D/HH and to support transition to school-age services.
- Link families with other families of children with similar hearing levels. The educational audiologist is a good resource for identifying appropriate families in the community.
- Include the educational audiologist in the IFSP meeting.

Link families with other families of children with similar hearing levels.

Resources

NOTE: Portions of this chapter were drawn from the following resources:

Educational Audiology Association. (2018). *Supporting students who are deaf and hard of hearing: Shared and suggested roles of educational audiologists, teachers of the deaf and hard of hearing, and speech-language pathologists*, <https://www.edaud.org/position-stat/15-position-02-18.pdf>

Educational Audiology Association. (2019). Educational audiology scope of practice, <http://edaud.org/pdf/scope-of-practice.pdf>

Educational Audiology Association. (n.d.). *Remote learning and teleaudiology: Resource information for educational audiology*, <https://www.edaud.org/pdf/remote-learning.pdf>

Individuals with Disabilities Education Act, idea.ed.gov

Johnson, C. D., & Seaton, J. (2021). *Educational audiology handbook* (3rd ed.). San Diego: Plural Publishing, Inc.

Joint Committee on Infant Hearing. (2019). Year 2019 position statement: Principles and guidelines for early hearing detection and intervention programs. *Journal of Early Hearing Detection and Intervention*, 4(2).

