



Questions and Answers for Early Childhood

What's going on with the new guidelines?

A task force is currently working to revise and update recommended early childhood and school-age hearing screening practices for the state. Previous guidance is outdated and found in multiple resources around the state. When released in November 2016, the new guidelines will summarize hearing screening protocols and recommendations for youth ages 6 months through graduation from high school. This single document will be a resource for all childhood screening programs (with the exception of newborns up to 6 months of age) and will be followed by supplemental training and support resources to be added over the course of the school year and beyond.

What are the biggest changes to expect?

The biggest change that will affect Early Childhood Child Find activities and other early education screening programs is the recommendation that children up to 4 years of age be screened using otoacoustic emissions (OAE). OAE screening is a practical and reliable screening method that can be performed by any trained individual, and this method is now being recommended over pure tone screening as the first tier screening protocol for 3 and 4 year olds. Click [here to read why OAE's are preferred](#) over pure tone screening for preschoolers.

Our team doesn't have an OAE screening device or know much about OAE's, what should we do?

- [Learn more about OAE screening.](#)
- [Watch a video demonstrating OAE screening.](#)
- [Download a checklist to assist with elements of OAE screening implementation.](#)
- [Investigate in detail what it takes to implement an OAE screening program.](#)

Our team has an OAE screening device but only a few selected people know how to use it.

There are many online resources for utilizing OAE screening in the early childhood setting. [Review this checklist for a good place to start](#) and consult with an audiologist to provide additional training if needed.

What about pure tone screening and tympanometry?

These screening methods are still recommended, but in a different manner than previous guidelines have suggested. Pure tone screening for ages 5 and up is still the recommended gold standard, while tympanometry is considered a viable, optional, *second tier* screening to help in the referral process *after* an OAE or pure tone screening. Both will be addressed in the upcoming guidelines.

Will our screening program be expected to follow the guidelines explicitly?

All screening programs are encouraged to work with a local audiologist to review the specific goals, population, resources, needs, and limitations of an individual screening program. The guidelines are meant to be a minimum recommended best practice. Programs, in consultation with an audiologist, may choose to implement a more rigorous process depending on local circumstances.

What if we are unsure about how to access a local audiologist?

Almost all local educational agencies (LEA) in the state employ educational audiologists to assist with decision making, training, and other support for hearing screening programs. If your screening program is not based through an LEA or you do not know who your audiology resources is, please reach out to [Lisa Cannon](#) (CDE Audiology Coordinator) or [Heidi McCaslin](#) (CDE Child Find Coordinator) for assistance in finding audiology support for your program.