

(Approved by the Board of Directors of the Educational Audiology Association July 2010)

The Educational Audiologist's Role in EHDI and On-Going Hearing Surveillance in Young Children

The ability to hear is a critical advantage in the development of spoken language and subsequently literacy, particularly to the acquisition of phonemic skills. Children who have hearing loss need to be identified at birth, or as early as possible, in order to implement appropriate measures to provide access to communication to minimize the impact of hearing loss on language development, learning, and literacy. Monitoring young children for hearing loss is an essential role of educational audiologists to ensure the earliest identification.

Current instrumentation permits accurate identification of hearing loss in newborns as well as young children. State Early Hearing Detection and Intervention (EHDI) programs are supported through the Centers for Disease Control and Prevention whose mission is to have complete EHDI tracking and surveillance systems in all states and U.S. Territories "that ensures children with hearing loss achieve communication and social skills commensurate with their cognitive abilities" (www.cdc.gov/ncbddd/ehdi/nationalgoals.htm). The first three EHDI goals are referred to as the 1-3-6 plan and reflect the recommendations of the Joint Committee on Infant Hearing (JCIH):

- Goal 1: All newborns will be screening for hearing loss before one month of age, preferably before hospital discharge.
- Goal 2: All infants who screen positive will have a diagnostic audiologic evaluation before 3 months of age.
- Goal 3: All infants identified with a hearing loss will receive appropriate early intervention services before 6 months of age.
- Goal 4 specifies that all infants and children with late onset, progressive or acquired hearing loss will be identified at the earliest possible time.

The remaining three goals address medical home, tracking and surveillance systems, and system evaluation.

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 on-going 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.

A child's hearing and communication needs change over time especially as the toddler's mobility and independence increase. Educational audiologists facilitate successful transitions from early intervention to preschool programs and services. They are in a unique position to address communication choices and to assure that appropriate intervention options are offered that carry through to other educational options. These may include hearing aid(s), cochlear implants, and/or other hearing assistance technologies such as FM systems. Educational audiologists working with early intervention providers help families understand the hearing loss and its impact on communication and speech and language development as well as the use and care of their selected amplification. Continuous monitoring of auditory skill development through observation and assessment provides data that is vital to the discussion of technology, communication choices and educational placements.

For further information on the roles and responsibilities of educational audiologists and EHDI see the Educational Audiology Association (2002) Position Statement on Early Detection and Intervention of Hearing Loss: Roles and Responsibilities for Educational Audiologists, www.edaud.org