## **Developmental Screening for Hearing Impairment**

Child's Name	
Date of Birth	
Sex	
Date of Screening	
Screened by	
Medical History	
Family history of hearing loss	
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History of neonatal intensive care	
History of meningitis or severe infections	
	<u>*</u>
Other relevant medical history	
Developmental Milestones	
Responds to loud sounds (age in months)	
Turns head towards sounds (age in months)	
Babbles or uses voice (age in months)	
First words (age in months)	

## **Screening Observations**

Behavioral observations

Parental concerns		
Screening method used		
Screening result		
Comments / Recommendations		