



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

AUDIOLOGY

Information Series

Identifying and Managing Hearing Loss in School-Age Children

My child failed a hearing screening at school. What does that mean?

Hearing screening provides pass/fail information on your child's ability to hear sounds. If your child has failed a screening, this means that further, more complete testing is needed.

What should I do if my child fails a hearing screening?

If your child has failed a screening, please see an audiologist certified by the American Speech-Language-Hearing Association (ASHA) for a comprehensive audiologic evaluation of your child's hearing and middle ear function. An audiologist will use certain procedures to determine if the child has a hearing loss and, if so, the type and degree of the loss. These procedures may include a pure-tone hearing test, speech audiometry, and tests of middle ear function. Depending on the child's age and/or ability to reliably respond to these tests, hearing sensitivity may be determined using tests that do not require the active participation of your child (such as auditory evoked potentials or otoacoustic emissions).

Based on the results of the audiologic assessment, the audiologist will provide you with information regarding the impact that your child's type and degree of hearing loss may have on his or her communication, learning, and social skills. The audiologist will also provide you with recommendations for intervention and appropriate referrals (such as speech-language pathology, medical, or educational).

What are the different types of hearing loss?

There are four basic types of hearing loss:

- **Conductive** — hearing loss resulting from disorders of the outer and/or middle ear (such as ear infections or abnormal ear structures)
- **Sensorineural** — hearing loss resulting from disorders of the inner ear or the eighth cranial nerve that carries the auditory signals to the brain (such as resulting from meningitis, noise exposure, or problems at birth)

))) An audiologist evaluating a child typically uses certain basic procedures to determine if the child has a hearing loss and, if so, the type and degree of the loss. (((

- **Mixed** — a combination of conductive and sensorineural hearing loss
- **Central** — results from disorders of the central auditory nervous system (such as auditory processing disorders). This type of hearing loss will not be identified through school hearing screening programs. Diagnosis of this type of hearing problem is made by an audiologist using very specialized tests only after the academic team has ruled out other problems.

What are some implications of hearing loss?

Communication development and behavioral skills are influenced by a child's ability to hear. Hearing loss can also affect a child's social interactions, emotional development, and academic performance.

Audiologic implications

Hearing loss may be bilateral (both ears) or unilateral (one ear). Hearing loss may be fluctuating, permanent, or temporary.

Children can exhibit

- varying degrees of difficulty hearing and understanding environmental and speech sounds;
- significant problems listening and understanding in noisy and reverberant environments.

Communication effects

Children typically exhibit delays and/or difficulty with

- tasks involving language concepts;
- auditory attention and memory, and comprehension;
- receptive and expressive language;

- syntax, semantics, and vocabulary development;
- speech perception and production.

Academic effects

Children may have

- problems in academic achievement, including language arts and vocabulary;
- delays in development, reading, spelling, math, and problem solving;
- lower scores on achievement and verbal IQ tests;
- greater need for enrollment in special education or support classes;
- increased need for organization support in the classroom.

Social effects



Children may

- have self-described feelings of isolation, exclusion, embarrassment, annoyance, confusion, and helplessness;
- refuse to participate in group activities;
- act withdrawn or sullen;
- exhibit lower performance on measures of social maturity;
- have significant problems following directions.

What factors should be considered in implementing an appropriate intervention and education plan for my child?

Intervention should be conducted by qualified professionals and should be designed to help your child hear or access

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and understand classroom instruction. Professionals planning and providing services should collaborate with the child, family and/or caregivers, and educators to ensure the success of the intervention program.

In general, intervention programs for school-age children with hearing loss should have goals that address access to instruction by improving communication through spoken and/or manual communication systems. Education plans should address speech and language skills, academic skills, and social skills, and promote emotional well-being and positive self-esteem.

What are some of the components of audiologic intervention?

Some of the needed services may be provided directly by audiologists, whereas others will be provided by other qualified professionals, such as speech-language pathologists, teachers of the deaf and hard of hearing, social workers, or occupational therapists. The effective use of what's left of the child's hearing is a primary consideration in intervention because it can affect the child's success or failure in other areas. The two factors that contribute most to successful use of residual hearing are (a) appropriate amplification and/or assistive technology (hearing aids, cochlear implants, and/or FM systems) and (b) a favorable acoustic environment where noise is eliminated or reduced.

For more information about hearing loss, hearing aids, or referral to an ASHA-certified audiologist, contact the:



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