

FUNCTIONAL HEARING OBSERVATION

(Use only when unable to test using standard audio metrics)

Student Name: _____ DOB: _____ Grade: _____ School: _____

Observed by: _____ Date: _____

Yes	No	CNT*	<u>RECEPTIVE SKILLS – PARENT or TEACHER Answer</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Does child come when called?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is child aware of phone and/or doorbell?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does child enjoy music/TV?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Does child respond to verbal commands to “wave bye bye” or play “pat-a-cake”, etc..?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Does child recognize person before seeing them?
			<u>EXPRESSIVE SKILLS – PARENT or TEACHER Answer</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does the child imitate animals or other sounds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Does child use any words?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Does child enjoy making sounds or noises (with toys , etc.?)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Does child use sounds to get attention or if he/she wants something?
			<u>DIRECT OBSERVATION</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Child responds to verbal instruction (sit down, point, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Child localizes or looks up when name is called?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Child points to body parts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Child responds to noisemaker from behind?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Child responds to intermittent tone burst at 45Db under headphones?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Child responds to loud sounds (startle response)?

Additional comments/information (include answers from parents “Why do you think your child hears/doesn’t hear”)?

*CNT – Can not test – Answer unknown