

## Introduction:

Based on the EHDI 1-3-6 guidelines, children aged birth-3 should be referred to an SLP to assess their speech, language, listening, and communication skills before and/or after receiving hearing aids or cochlear implants. By completing a listening and communication assessment, the SLP can obtain a baseline of listening and communication skills and provide information to the child's medical team.

This valuable information plays a crucial role in determining a path for meeting the family's long-term goals for their child's communication success. Our center's SLPs utilize a core set of standardized assessments and criterion-referenced measures when assessing our patients that are considering amplification. Our center focuses on assessing and treating the whole child which includes his/her auditory, speech, receptive and expressive language, cognitive and social skills.

**The Birth to Three: Speech, Language, and Communication Assessment'** Autumn Sanderson, MA, CCC-SLP; Ashley Irick, MS, CCC-SLP; Jestina Bunch, M.A., CCC-SLP; Marilyn Owens, MS, CCC-SLP

#### **Standardized Assessments:**

- Receptive-Expressive Emergent Language Test—4<sup>th</sup> Edition
- Preschool Language Scale—5<sup>th</sup> Edition
- Rossetti Infant-Toddler Language Scale
- Bayley Scales of Infant and Toddler Development—4<sup>th</sup> Edition

Remember: If a patient is older than the standardized age range, you can use the standardized assessment as a criterion referenced measure.

#### **Criterion Referenced Assessments:**

- Bayley-4 Observational Checklist
- MacArthur-Bates Communicative Development Inventories
- LittlEars Auditory Questionnaire



# **Parent Education Tools:**

## **Auditory Skills**

- Familiar Sounds Audiogram
- Sound Foundation for Babies
- Hearing Loss Configurations and impacts on auditory, speech, and language skills
- Amplification wear schedule
- Daily Listening Checks

### Language Skills

Baby Signs

# **Objectives:**

Participants will identify assessments and criterion-referenced measures used to assess communication for the birth-3 population in a diagnostic session.
Participants will describe parent education tools to be used in a diagnostic session.
Participants will describe highlighted diagnostic sessions and outcomes.

# **Case Simulation: 3-Year-Old Female**

## **HISTORY**

- Born full term; NICU Stay 1 week
- Bilateral microtia/atresia
- Paternal family history is positive for hearing loss
- Parent assumed she passed her NBHS but not documented

- Infant-Toddler Meaningful Auditory Integration Scale
- Track a Listening Child
- Integrated Scales of Development

# **Clinical Play Observations:**

- Communicative Function Checklist
- Auditory Skills to Observe:
  - Localization to sounds
  - Responding to environmental and speech input in their immediate environment
  - Responding to environmental and speech input from a distance
  - Responding to their name in their immediate environment and at a distance
- Communicative Intents to Observe:
  - Joint attention/eye contact
  - Requesting and protesting with vocalizations or gestures
  - Initiation of social interactions and play with caregiver or clinician
  - Imitation of actions and verbalizations

#### • Learning to Listen Sounds

- Top 10 Strategies for Parents
- Receptive and Expressive Language Development Checklists

## **Cognitive Skills**

 Cognitive/Play/Social Development Checklists

#### **Case Simulation Wrap Up:**

#### **Assessments Given:**

- Receptive-Expressive Emergent Language Test—4<sup>th</sup> Edition
  - Receptive Language Standard Score: 55
  - Expressive Language Standard Score: 55
  - Language Ability Standard Score: 55
- Preschool Language Scale—5<sup>th</sup> Edition
  - Auditory Comprehension Standard Score: 50
  - Expressive Communication Standard Score: 53
  - Total Language Standard Score: 50
- LittlEars Auditory Questionnaire
  - 0/35 items—0%

- At 1 year old—DPOAE assessment resulted in a referral bilaterally
- ABR performed at 2 ½ years old revealed at least a severe to profound SNHL bilaterally
- Received HAs three months after ABR and was implanted 4 months after receiving HAs
- CI surgery was scheduled for around her 3<sup>rd</sup> birthday
- DEVELOPMENTAL INFORMATION
  - Parents reported delayed physical development
  - No formal communication established
  - Some gestures were used to communicate her wants and needs
- Not enrolled in the Tennessee Early Intervention System



- Turn taking for play and communication
- Social greetings



# **Parent Interview Questions:**

- What is the child's daily wear time for their amplification?
- What is the communication modality that you're choosing for your child?
- Are you experiencing any retention problems?
- What does your daily routine look like?

- Play Observation
  - Limited communication verbally or via gestures
  - Exhibited age-appropriate play and joint attention
  - Vocalized vowel sounds

#### **Recommendations:**

After communication modality had been discussed and decided on by the family, recommendations of 2x/week therapy targeting listening and spoken language skills was implemented.

#### Supports:

- Team Collaboration—involving the Pediatrician, Audiologist, Early Interventionist, Preschool Teacher, other therapists (PT/OT) and family.
- Home Carryover Activities
- Networking opportunities with families with children who are Deaf and Hard of Hearing
- Modeling of treatment strategies and approaches for home carryover

#### **Treatment Plan:**

- Establish goals targeting the following skill areas:
- Auditory



Are they enrolled in their state's Early Intervention Program? If

so, what services are they currently receiving?

What auditory responses have you noticed since

amplification?

Additional birth and developmental history questions—are

there any additional medical diagnosis?









