The report format is as follows:

- Background information
- Test Results
- Clinical Impressions
- Recommendations

First Paragraph - Initial Visit:

- Appropriate use of abbreviations: names of agencies, medical terms, and tests should be preceded with prior explanation

- Beginning sentence:
  - John Doe was seen for an initial hearing evaluation through the Appalachian State University Communication Disorders Clinic on January 19, 2006.
  - John Doe was seen for an annual hearing evaluation through the Appalachian State University Communication Disorders Clinic on January 19, 2006
  - John Doe was seen for a routine hearing reevaluation through the Appalachian State University Communication Disorders Clinic on January 19, 2006.
  - John Doe, age 7 years, 8 months, was seen for a hearing check and central auditory processing evaluation through the Appalachian State University Communication Disorders Clinic on January 19, 2006.

- Indicate the referral source including the complete title and relationship to the client.
  - Mr. Smith’s otologist, Dr. John Jones, referred....
  - Jane Brown, speech-language pathologist with Watauga High School, referred....

- Indicate the reason for the referral
  - Susie failed to pass a hearing screening test conducted at school.
  - Mr. Bradley was referred to determine whether he could successfully use a hearing aid.

- Note information given about any hearing difficulties:
  - He indicated he first noticed difficulty with his hearing approximately 5 years prior to the evaluation.
  - Mr. Smith noted he had difficulty hearing people speak in group listening situations.
  - He stated that his left ear was better than his right ear, and this had been the case for as long as he could recall.
Pregnancy, birth, and neonatal history - if a hearing loss is present and possibly related to these areas, summarize briefly.

- John was born prematurely following a 6 month gestation. He experienced a number of neonatal complications placing him at risk for hearing loss.

Medical history - pertinent to hearing

- Occasional bilateral tinnitus was noted, but dizziness and vertigo were denied.
- He noted no current history of dental problems which might contribute to the tinnitus.
- A positive history of middle ear pathology was reported and Mrs. Smith indicated that John had what she described as "chronic and intensive" ear infections since the age of two months.
- General medical history was unremarkable.

Developmental/educational history - pertinent to hearing

- The parents were asked to complete the Children's Auditory Processing Performance Scale (CHAPPS) which addressed areas of listening which could pose problems for Susan in relation to other children.

Family history - pertinent to hearing

Make a statement concerning hearing aids

- Visual inspection of the client's <name of the brand and model> hearing aid (serial number) revealed a worn and damaged case.
- The left earmold was torn and had cracked tubing.
- Electroacoustic inspection of the hearing aid revealed it was weak and provided neither adequate gain nor an appropriate frequency response for the client's current hearing loss.

Make a statement concerning the status of speech/language skills

- Upon subjective evaluation, the client's speech and language skills were judged normal.
- Many hearing impaired children have delayed oral language and may also have voice problems.
First Paragraph - Reevaluation:

- Reason for the visit
  - Routine reevaluation
  - Concern regarding change in hearing
- Make a brief statement of the hearing status
  - John had a bilateral severe sensorineural hearing loss diagnosed following an episode of meningitis at age 3 years. He had been using an Oticon Tego Pro hearing aid in his left ear for 2 years.
- Make a brief update of pertinent medical, developmental, and educational history since the previous visit.

Test Section:

- Use descriptive terms in describing test results rather than numerical terms whenever possible.
  - Pure tone audiometric tests confirmed indicated a significant hearing loss characterized by mildly elevated hearing for the lower frequencies decreasing sharply to a moderate and severe loss in the mid and high frequency ranges.
  - Pure tone audiometric test results obtained under earphones revealed...
  - Audiometric investigation produced a mild low frequency hearing loss in the right ear.
  - Precipitously sloping mild to severe sensorineural hearing loss was noted at and above 500 Hz at the right ear and 1000 Hz at the left ear.
  - The left ear revealed inconsistent masked air and bone conduction responses.
  - Tympanometry revealed normal middle ear pressure and normal compliance bilaterally.
    - ...excessive compliance with normal pressure.
    - ...reduced compliance with normal pressure.
    - ...absence of peak compliance at any pressure point.
    - ...normal compliance with negative pressure.
    - ...a patent ventilation tube as demonstrated by a large ear canal volume.
  - Tympanometry was consistent with normally functioning middle ear systems.
  - Ipsilateral acoustic reflexes were present at anticipated levels for all frequencies tested.
• The tympanogram was normal as to shape, amplitude, and pressure.

• Acoustic reflexes were present bilaterally, using ipsilateral and contralateral stimulation.

• Acoustic reflexes were always absent in the probe right condition, consistent with (use additional wording)

• Contralaterally elicited acoustic reflexes were present in the left ear with stimulation to the right ear at levels consistent with ...

➢ Describe how the results were obtained especially if special procedures were incorporated.

• Conventional pure tone audiometry revealed normal hearing acuity through 3000 Hz bilaterally with a severe hearing loss for 4000 to 8000 Hz.

➢ If any part of the assessment is omitted (e.g. only one ear tested, masking not used, discrimination tests not done) indicate the reason for the omission.

• Often crying and whining, the child refused to name the pictures shown.

➢ Other statements that may be used:

• SRT... commensurate with the pure tone test results.

• Otoscopic inspection was unremarkable bilaterally.

• Otoscopic inspection was essentially unremarkable.

Clinical Impressions:

➢ Overview statements:

• The results of the hearing evaluation were discussed with Mr. Jones.

• Mr. Jones was counseled regarding the test results.

• Response consistency was judged to be good.

• The client was provided with information concerning hearing loss, hearing aids, and communication repair strategies.

• The results were consistent with essentially normal peripheral hearing acuity and normal middle ear function bilaterally.

• John was attentive throughout the test session.
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➤ Medical referrals:

  ▪ It was recommended that Donna be seen by an otolaryngologist to determine possible
    etiology of the flat tympanograms and conductive hearing loss.

  ▪ It was explained that tinnitus was thought to have numerous causes, including caffeine
    ingestion, elevated blood pressure, salicylate ingestion, and stress. However, often a clear
    etiology was not detected.

  ▪ Mr. Donovan was encouraged to discuss these results with his physician.

  ▪ Hearing loss may influence communication pending medical intervention.

➤ Concerning future testing:

  ▪ Given a high number of false positive responses during the hearing evaluation,
    professionals testing Sam's hearing should be made aware of his response strategy.

  ▪ Based on the test results, further audiologic evaluation was not indicated.

➤ Amplification:

  ▪ In view of the degree and configuration of the hearing loss it was anticipated he would
    experience difficulty in situations in which background noise was present.

  ▪ The benefits and limitations of amplification were discussed.

  ▪ Hearing aid options for the type of hearing loss were outlined.

  ▪ It was important to note that although the client was able to communicate without hearing
    aids, the severity and configuration of the hearing loss necessitated binaural amplification.

  ➤ The prognosis remained guarded for communication without amplification.

  ➤ Since the client was positively motivated and family members were supportive, communication with amplification should result in a good outcome.

  ➤ Hearing was adequate for communication. Special testing did not suggest retrocochlear
    involvement.

  ➤ Hearing was adequate for communication though some problems in noise and with
    localization could be noted.

  ➤ The client could have difficulty with communication in noise without visual cues.

  ➤ Findings were frequently associated with chemotherapy treatment course. Mr. Smith could
    have difficulty with communication in less than ideal listening environments. The use of
    visual cues should be used to compensate for the hearing loss. No amplification was
    considered at this time, but could be considered if the hearing loss progressed.
The client's current hearing loss should not pose difficulty in one-on-one conversations in small rooms or quiet settings. He will, however, experience difficulties in the presence of background noise, over the course of distance, and when turned away from the sound source. The client was a hearing aid candidate.

Mr. Jones could have difficulty in communication without the use of visual cues. He was not interested in amplification at this time.

The hearing loss noted could cause the client difficulty with sound localization and problems in background noise.

Client could have some difficulty with communication in less than ideal listening situations. Visual cues were suggested to assist those situations.

Client could have some difficulty with communication in most listening situations. The use of visual cues was suggested to assist in those situations. Amplification should be considered.

Without amplification the client will be aware of only very loud speech and environmental sounds with minimal understanding. This hearing loss was considered vocationally handicapping. Amplification and the use of visual cues should improve communication.

Hearing was functional for communication with the use of visual cues. No amplification was recommended at this time.

Hearing will adversely affect communication pending medical management. Visual cues should compensate for the hearing loss at this time.

Hearing was adequate for communication.

History of chronic middle ear problems and today's documented hearing loss could affect classroom performance. Listening will be especially difficult in a noisy situation. Increased visual cues will be necessary. Also the consideration of a trial with an FM system should be considered.

Hearing was normal and should not pose communication difficulties.

Peripheral hearing was normal at this time. However, the difficulties noted could have a central origin and a central auditory processing disorder could not be ruled out.

**Recommendations:**

- Indicate when the client should return for a retest.
  - Yearly audiologic testing to monitor hearing acuity.
- Indicate other recommendations.
  - Medical clearance of the ears.
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- If otologic care is warranted, we would like to see John for reevaluation upon completion of treatment. If, however, otologic care is not warranted, we would like to see John for audiologic follow up in 2 months.

- Be fitted by a certified audiologist with binaural hearing aids (with programmable digital circuitry, if possible) as soon as possible.

- Receive amplification fitting verification to ensure the appropriateness of the hearing aid fitting.

- Preferential seating

- Use of hearing protection devices in noise.

Suggestions for Phrasing Certain Statements - Auditory Brainstem Response:

- Susie was seen for an audiologic evaluation as follow up to a hearing screening utilizing and auditory brainstem test administered while she was enrolled in the Newborn Nursery at Watauga Medical Center.

- (If a child passes at 70 dB, but fails at 35 dB) Although results of the screening ruled out a severe loss, the possibility of a mild impairment could not be ruled out.

Suggestions for Phrasing Certain Statements – Otoacoustic Emissions:

- Otoacoustic emission testing was performed in order to obtain objective measures of cochlear function.

- The presence of distortion product otoacoustic emissions bilaterally suggested normal cochlear function.

Suggestions for Phrasing Certain Statements - Visual Reinforcement Audiometry:

- A conditioned head turn response utilizing a visual reinforcer was employed to obtained minimal response levels to auditory stimuli.

Suggestions for Phrasing Certain Statements - Behavioral Observation Audiometry:

- Hearing was assessed through observation of overt behavior changes in the presence of auditory stimuli. (Describe the behaviors observed.)

Suggestions for Phrasing Certain Statements - Sound Field Testing:

- As testing was conducted in sound field today and ear specific information could not be obtained. Reported scores represented minimal response levels for only the better ear.
Suggestions for Phrasing Certain Statements - Unilateral Hearing Loss:

- Recommendations for a child not having trouble in school
  - Preferential seating for listening activities close to the speaker with the left/right (better) ear toward the speaker.
  - Care should be taken to assure John's attention before speaking to him.
  - Periodic audiologic testing to monitor the hearing in the left/right (better) ear.
  - Recent research has shown that children with unilateral hearing loss are at a higher risk than normal hearing children for academic problems. For this reason, we recommend that communication skill development and future academic performance be monitored carefully so that intervention can be initiated in a timely manner should a problem arise.

- For the child who is having difficulty in school the following may be used in lieu of the final above recommendation
  - We recommend that the services of the teacher of the hearing impaired or the speech-language pathologist be provided to assist with academic problems and to assess any possible speech language difficulties.

Suggestions for Phrasing Certain Statements - Auditory Processing Disorders:

- Recommended statements for the SCAN
  - The auditory system was taxed with a screening test of auditory processing skills.
  - Filtered words - This task requires that the listener use "auditory closure" skills in order to complete the word.
  - The results suggest no difficulty in putting closure on auditory information for either ear.
  - His raw score on this test was 68, placing him in the 84th percentile.
  - John's total standard score was 87, suggesting an overall percentile of 68.

- Recommended statements for the SSW
  - The Staggered Spondaic Word Test (SSW) assessed the client's ability to correctly process words presented to the right and left ears under competing and non-competing conditions.
  - In this dichotic test, the person was asked to repeat a series of spondaic words, one to each ear. There was overlapping presentation of the second syllable of the first word and the first syllable of the second word.
  - Based on this presentation mode, a score was obtained for each ear in both a competing and non-competing listening condition.
Although the SSW test is a relatively easy task for a listener with normal central auditory ability, it is difficult listening task for a person with a central auditory processing disorder.

Recommended statements to use as a conclusion

- The results of the tests suggested that the client had auditory processing problems.
- Although Chris would not be classified currently as a child with an overall auditory processing disorder, she demonstrated a number of weaknesses in auditory processing skills. This may contribute to the difficulty which she reportedly experienced in following directions in the classroom or in comprehending new or complex information in the presence of background stimuli.

Suggestions for Phrasing Certain Statements - Audiometric Screening:

- The following three statements may be used to describe a hearing screening in which the client passed
  - With the intensity output dial set at 25 dB HL, hearing sensitivity was screened in both ears for the frequencies 500 through 4000 Hz.
  - The client responded at all test frequencies.
  - This screening test, however, did not rule out the possibility of a minimal loss of hearing sensitivity which could be medically significant but not detrimental to speech reception.

- The following two statements may be used to describe a hearing screening in which the client failed the screening
  - With the intensity output dial set at 20 dB HL, hearing sensitivity was screened in both ears for the frequencies 500 through 4000 Hz.
  - The client did not respond at ______.

- The following statements may be used if the client passed or failed immittance screening
  - The results were not significant for either ear.
  - The results indicate additional testing was needed to determine the absence of a medically significant problem.