EVALUATIONS

Audiologic evaluations should include at least the gathering of pertinent background information, an observation of speech and language skills, an attempt to obtain individual ear pure tone air conduction thresholds, bone conduction testing as indicated by air conduction results, speech recognition testing, visual inspection of the ears, and immittance testing. Sound field testing may be used in conjunction with immittance testing when the preferred test data cannot be obtained. Otoacoustic emissions or auditory brainstem response testing also may be attempted.

Speech and language evaluations should include at least the gathering of pertinent background data, attempts at audiometric and orofacial screenings, and testing or systematic observation in the areas of concern. A variety of assessment tools and strategies are used to gather relevant functional and developmental information. To the extent possible, standardized tests used should be reliable and valid according to the technical standards of test development. When appropriate to meet the needs of the client, the tests should be validated for the specific purpose for which they are used and should be administered in accordance with any instructions provided by the producer of the test. Formal or systematic informal audiologic screening for children three years of age or younger should be accomplished in the audiology suite under the supervision of a clinical audiologist. Audiometric screening for persons four years of age and older may be attempted in the speech-language evaluation with a portable audiometer.

Suggested formats for audiologic and speech-language evaluation reports are contained in Appendix A. Identification data must be done as in the example. Variations in the body of the report may be made as the clinical educator deems necessary. For speech and language evaluations a summary letter may be sent to the client, parents, or legal guardian within two working days of the evaluation. Draft evaluation reports are due to the clinical educator not later than two working days after the evaluation. For evaluations that take up to 3 hours, the completed reports (with signatures) are due for mailing within one month of the evaluation. If a report takes longer to write than stipulated above, the reason should be documented in the client chart.

Reports must contain a statement concerning the information given to the client and to the caregiver and family concerning the disorder. It also must contain a prognostic statement. If intervention is recommended through the Communication Disorders Clinic, then a note should be made on the Progress Note form. If the client must wait for longer than one or two months for intervention, then alternative accommodations should be indicated on the Progress Note form.

Preschool screening is conducted according to the procedures described in the Scottish Rite Preschool Screening, Appendix B. At present, the DIAL III Screening Test and a specific audiometric screening procedure are used.

OSHA audiologic testing of University employees or other entity employees is conducted according to present OSHA guidelines. Additional measures are employed as needed.