

**DPI Hearing Screening Guidance for **Preschool**-12th grade**  
**The North Carolina Department of Public Instruction, Office of Exceptional Children provides this**  
**guidance for hearing screenings for any purpose.**

**Updated 1.18.23**

**Replaces Guidance Issued on 11.30.22**

While mass hearing screening is not required, it may be part of wellness activities conducted by the Local Education Agency (LEA) and supports the Healthy Schools and Whole School, Whole Community, Whole Child model endorsed by the North Carolina Department of Public Instruction. Public School Units determine the grade levels where mass screening may take place but at least kindergarten, one other elementary grade, one middle school grade, and one high school grade are recommended. Screening students throughout the grade spans is important to identify later onset or progressive hearing losses, or noise induced hearing loss from the use of earbuds, headphones, farm equipment, and gun fire. Schools will want to inform parents that mass screenings will take place and report results in addition to the need for follow up assessment or treatment.

## **Hearing Screening Definition**

The North Carolina Board of Examiners for Speech Language Pathologists and Audiologists interprets "audiometric screening" G.S. 90-294(f) as the presentation of a pure tone stimuli at fixed intensity using pass/fail criteria requiring no interpretation by the person administering the screening. An audiometric screening test includes both behavioral and physiologic techniques.

## **Mass Hearing Screening**

### **Who conducts hearing screening as part of mass screenings?**

21 NCAC 64 .0212 (c) Audiometric screenings which are performed on the general public or specific populations provided that the individuals performing such screenings that are not part of a speech language evaluation shall be performed by either a licensed speech language pathologist, a registered speech language pathology assistant, or an unlicensed person who is trained by a licensed audiologist or physician in the specific techniques used for that screening and who receives supervision of the screening program from a licensed audiologist or physician.

"Supervision" means: 21 NCAC 64 .0212

1. selecting, based on generally accepted training and education, the calibrated screening instrument to be used for the target population.
2. providing initial and refresher training in the specific screening methods and instruments to be used to ensure that the screeners have sufficient knowledge of the screening methods, understand the limitations of the screening program, and can demonstrate proper operation of the equipment in accordance with the requirements of the equipment's manufacturer.
3. assuring that records are maintained, describing the training received by the screeners, the

names of attendees, the nature of any evaluation, and any referral made.

4. providing evaluation of the test site to eliminate ambient sound that will impact the test results and to ensure that the screeners are following the screening protocol; and
5. reviewing samples of screening records to confirm that the screening has conformed to the program standards.

These aspects of supervision of a hearing screening program are within the scope of practice of licensed audiologists and physicians, not speech-language pathologists, or registered speech-language pathology assistants.

**Key Point:** Unlicensed persons may perform hearing screenings if they have been trained by a licensed audiologist or physician and documentation of this training is maintained by the PSU.

## Hearing Screening Requirements

Hearing screenings should be conducted at 20dB for students in school settings at 1000, 2000, and 4000 Hz in both left and right ears.

### Failed Hearing Screenings

A student fails hearing screening when there is no response to any 20dB stimulus at 1000, 2000, or 4000 Hz in either ear after sufficient conditioning.

### Passed Hearing Screenings

A student passes with a correct response to each 20 dB stimulus at 1000, 2000, and 4000 Hz in both ears.

*Please note: A Hearing Screening should be conducted without amplification (e.g. hearing aid, cochlear implant, BAHA) even if the student utilizes amplification for a known hearing loss. If a student is wearing amplification, please consult with your educational audiologist with questions or concerns.*

## Referrals and Documentation

### Recommended Referrals and Documentation

1. A referral to a licensed audiologist for diagnostic audiological evaluation must be recommended:
  1. If an individual fails, the hearing screening on no more than two attempts with each attempt separated by at least 1-2 weeks on any presentation at any frequency.
  2. If after a good faith attempt to screen, reliable and valid results cannot be obtained for any reason.
2. The recommendation for a referral for diagnostic audiological evaluation must be documented.
3. Individuals with documented hearing loss should follow the recommendations of their licensed

hearing care provider and will not need to be screened.

## Hearing Screening as part of an IDEA Evaluation

Hearing screening must be completed during the evaluation process for special education for those areas of eligibility where it is required as part of the data to determine eligibility.

When a student who is referred for special education is sent on for an audiological evaluation required by the LEA, a permission to evaluate must be obtained from the parent.

It is best practice to conduct an audiometric screening **before** the speech-language evaluation. If this does not occur, the use of compensatory strategies or multi modal presentation of materials should be used during the evaluation to support the student.

If a student fails hearing screening or is involved in a full audiological evaluation during the IDEA evaluation process, all evaluations for which consent was obtained should continue and not be delayed while concerns regarding a student's ability to hear are resolved. The use of compensatory strategies and multi modal presentation of materials for all evaluations should be used.

If the IEP Team has unresolved concerns regarding the student's ability to hear or suspects another disability as a result of ongoing concerns with hearing, a reevaluation can be initiated immediately in order to obtain the appropriate written parental consent to conduct further evaluations.

### **During a review of existing data, Hearing Screening data is available. Must the hearing screening be conducted again?**

When the existing data is reviewed by the IEP Team, the Team should carefully consider (1) the disability area(s) suspected, and (2) whether the hearing screening results are current and valid (i.e. when screening was administered, by whom, under what circumstances).

During this review,

- If the suspected disability area(s) include speech/language-based concerns, the Team may determine that the hearing screening should be conducted again by a speech/language pathologist and request consent to evaluate. [Circumstances]
- If the results of the hearing screening were not obtained by appropriately trained staff, the Team should consider obtaining consent to conduct the screening again. [Conducted by Whom]
- If the Hearing Screening was originally obtained for health related concerns (i.e. ear infections), a new hearing screening may be warranted and consent for evaluating this area again may be obtained. [Circumstances]

### **Who conducts Hearing Screening as part of a speech-language evaluation?**

21 NCAC 64 .0212 SUPERVISION OF HEARING SCREENING

(b) Fixed-intensity, pure tone audiometric screening performed within the context of an individual speech-language evaluation or assessment is within the scope of practice of licensed speech and

language pathologists, and by extension allowed for registered speech-language pathology assistants, provided that it can be demonstrated that the licensee or registered assistant has received formal instruction and practicum in audiometric screening as part of his or her training program. (c) Licensed speech and language pathologists, registered speech-language pathology assistants, and unlicensed persons may perform screenings of hearing sensitivity and auditory function on the general public or specific populations provided that the individuals performing such screenings have been trained by a licensed audiologist or physician in the specific techniques for that screening and provided that supervision of the screening program is by a licensed audiologist or physician.

The North Carolina Department of Public Instruction interprets the General Statutes as: Audiometric screenings which are conducted **as part of a speech-language evaluation** shall be performed by either a licensed speech-language pathologist or a registered speech-language pathology assistant who is trained and supervised by a licensed audiologist or physician. Unlicensed persons may perform **mass screenings** of hearing provided they have been trained by a licensed audiologist or physician and documentation of this training is maintained by the PSU.

### **Who conducts the Hearing Screening if a speech-language evaluation is not a required evaluation for a suspected disability?**

Unlicensed persons may perform hearing screenings if they have been trained by a licensed audiologist or physician and documentation of this training is maintained by the PSU.

### **Equipment**

Any traditional fixed-frequency, pure tone audiometer or objective or technology-based hearing screening techniques (otoacoustic emission screening instruments, microprocessor audiometers, etc.), may be used if the following criteria are met:

- use of the appropriate stimuli for the target population,
- calibrated to meet ANSI standards, commercially available equipment,
- be conducted on each ear separately, if possible,

Audiological screening or evaluation results are considered current within a year of the initial administration.

### **Location**

Hearing screenings should take place in an extremely quiet location free from the ambient noise that might be produced by air conditioners, florescent lighting, fans, gymnasiums, cafeterias, band or music rooms and other noisy locations on a school campus that will interfere with the reliability and validity of hearing screening results.

ASHA resource:

<https://www.asha.org/advocacy/state/school-age-hearing-screening/>