

Instructions
Family Hearing and Vision Questionnaire
SCFS/BN007 rev Jan 2010

A. PURPOSE

This form is to be used to screen child's hearing and vision prior to the initial IFSP meeting (as part of the intake process) and annually thereafter (as part of the IFSP annual review.) This form is designed to gather information from the family about their observations and concerns and to document evaluations completed to date.

B. USES

This form must be completed:

1. By the Intake/Service Coordinator or designee during the family orientation visit or at another time during the intake process; and
2. By the Service Coordinator annually as part of the IFSP annual review.

C. INSTRUCTIONS

Section 1: General Information

Enter Child's Name, Date of Birth, Interviewer's Name and Agency, and Date Questionnaire was completed.

Purpose of Questionnaire: Check appropriate box for Initial IFSP, 1st Annual IFSP, 2nd Annual IFSP or 3rd Annual IFSP.

In the last 6 months, has the child had a vision screening due to vision concern?

Check Yes, Normal or Yes, Abnormal if child received Vision Screening within past 6 months due to vision concern.

If Yes, Abnormal is checked, the Service Coordinator proceeds with completion of the Curriculum Based Assessment AND a consult with SCSDB Regional Consultant is required. Consult with SCSDB Regional Consultant is not required for Annual IFSP if screening is completed and no new concerns are noted.

Enter Name of Ophthalmologist, Date of consult with SCSDB Regional Consultant, Name of SCSDB Regional Consultant, and results of consult.

Check No, if child has not had a vision screening within past six months. Service Coordinator completes CBA and confirms with caregiver that child is not due for ophthalmologic follow up.

In the last 6 months, has the child had a hearing screening due to hearing concern?

Check Yes, Normal or Yes, Abnormal if child received hearing screening within past 6 months due to hearing concern.

If Yes, Abnormal is checked, the Service Coordinator proceeds with completion of the Curriculum Based Assessment AND a consult with SCSDB Regional Consultant is required. Consult with SCSDB Regional Consultant is not required for Annual IFSP if screening is completed and no new concerns are noted.

Enter Name of Audiologist, Date of Consult with SCSDB Regional Consultant, Name of SCSDB Regional Consultant, and results of SCSDB Consult.

Check No, if child has not had a hearing screening within past six months. Service Coordinator completes CBA and confirms with caregiver that child is not due for audiological follow up.

SECTION II: Established Conditions for BabyNet Eligibility

Check any of the listed Hearing or Vision conditions that have been diagnosed by a physician.

If any boxes are checked, refer to SCSDB for initial service coordination. These children are eligible for BabyNet services based upon diagnosis.

Section III: High Risk Factors Associated with Hearing and Vision Loss

1. Check any of the medical factors that apply in section A.
2. Check any of the Syndromes/conditions that apply in section B.
3. Check any of the Physical Appearance characteristics that apply in section C.
4. Check any of the Atypical Listening Behaviors that apply in section D.
5. Check any of the Atypical Vision Behaviors that apply in section E.

If any of the boxes in Section III, A, B, C, D, or E are checked, Service Coordinator will proceed with CBA and encourage caregivers to discuss concerns with Primary Care Physician. Do not refer to SCSDB based on these Risk Factors.