

Speech and Hearing Checklist

This checklist will help you to detect any hearing or speech problems in your child at a very young age. *Even if a hearing loss was not detected during your child's infant screening*, it is important to continually monitor speech and language development in order to identify a potential later loss as soon as possible.

Early detection is crucial because undetected hearing loss has a direct effect on the development of speech and language in young children. It is through the sense of hearing that infants begin to naturally learn their native language. If your child can't hear sounds or differences in sounds, then understanding words and speaking will be difficult. No child is too young to be tested or to be helped if a hearing loss is suspected. The earlier a child with hearing loss is identified, the less effect the loss will have on his/her speech development, social growth, learning ability and classroom performance.

If your child fails to respond as the checklist for the appropriate age level suggests, have your child's hearing tested immediately. Don't delay! If your child does have a hearing loss, early detection means early solutions to hearing and speech problems through the help of medical intervention, education and amplification. The earlier a hearing loss is identified, the less effect the loss will have on your child's future.

Average Speech and Hearing Behavior for Your Child's Age Level

Birth-3 Months

- Startled by loud sounds
- Soothed by caretakers' voices

3-6 Months

- Reacts to the sound of your voice
- Turns eyes and head in the direction of the source of sounds
- Enjoys rattles and noisy toys

7-10 Months

- Responds to his/her own name
- Understands "mama," "dada," "no," "bye bye" and other common words
- Turns head toward familiar sounds, even when he/she cannot see what is happening:

- Dog barking or paper rustling
- Familiar footsteps
- Telephone
- Person's voice

11-15 Months

- Imitates and matches sounds with own speech production (though frequently unintelligible), especially in response to human voices or loud noises
- Locates or points to familiar objects when asked
- Understands words by making appropriate responses or behavior:

- "Where's the dog?"
- "Find the truck."

15-18 Months

- Identifies things in response to questions, such as parts of the body
- Uses a few single words; while not complete or perfectly pronounced, the words should be clearly meaningful
- Follows simple spoken directions

2 Years

- Understands yes/no questions
- Uses everyday words heard at home or at daycare/school
- Enjoys being read to and shown pictures in books; points out pictures upon request
- Interested in radio/television as shown by word or action
- Puts words together to make simple sentences, although they are not complete or grammatically correct:

- “Juice all gone”
- “Go bye-bye car”

- Follows simple commands without visual clues from the speaker:

- “Bring me that ball.”
- “Get your book and give it to Daddy.”

2 ½ Years

- Says or sings short rhymes and songs; enjoys music
- Vocabulary approximately 270 words
- Investigates noises or tells others when interesting sounds are heard:

- Car door slamming
- Telephone ringing

3 Years

- Understands and uses simple verbs, pronouns and adjectives:

- Go, come, run, sing
- Me, you, him, her
- Big, green, sweet

- Locates the source of a sound automatically
- Often uses complete sentences
- Vocabulary approximately 1000 words

4 Years

- Gives connected account of some recent experiences
- Can carry out a sequence of two simple directions:

- “Find your shoe and bring it here.”
- “Get the ball and throw it to the dog.”

5 Years

- Speech should be intelligible, although some sounds may still be mispronounced—such as the /s/ sound, particularly in blends with other consonants (e.g., “street”, “sleep”, “ask”). Neighbors and people outside the family can understand most of what your child says and her grammatical patterns should match theirs most of the time.
- Child carries on conversations, although vocabulary may be limited
- Pronouns should be used correctly:

- “I” instead of “me”
- “He” instead of “him”

Does Your Child Have Any of the Indicators for Hearing Loss?

If your child has one or more of these indicators for hearing loss, your child may have a better than average chance of having a hearing loss. Consult your pediatrician, family doctor, ear, nose and throat doctor or an audiologist who has experience with pediatric hearing loss. Request a complete medical and hearing evaluation. Parents, not medical professionals, are often the first to suspect their child has a hearing loss! Do not hesitate to have your child's hearing tested. Prompt and accurate screening will help you to detect any hearing or speech problems in your child at a very young age.

Prenatal and Early Infancy Indicators

- Infection or illness during pregnancy (especially Cytomegalovirus, Rubella, Herpes, Syphilis, Flu)
- Drug or alcohol consumption during pregnancy
- APGAR scores lower than 4 at one minute and below 6 at five minutes (APGAR scores measure newborn vital signs at birth)
- Low birth weight (below 3.5 pounds)
- Admission to Newborn Intensive Care for more than 5 days
- Neonatal jaundice at birth requiring transfusion
- Craniofacial anomalies
- Use of ototoxic medications given in multiple courses or in combination with loop diuretics (Lasix)

Genetic and Environmental Indicators

- **Suspicion that your child may not be hearing well**
- Visible malformations of the head, neck or ears
- Family history of permanent or progressive hearing loss in childhood
- Malformations of the middle and/or inner ear structures
- Childhood diseases (especially Meningitis, Scarlet Fever, Mumps)
- Chronic middle ear infections with persistent fluid in the ears for more than 3 months
- Childhood injuries (especially skull fracture, sharp blow to the head or ears, loud noise exposure, and items accidentally inserted into ears resulting in damage)

Don't Delay!

If your child does not exhibit the average behavior for his/her age, get professional advice from your doctor, your hospital, or a local speech and hearing clinic. No child is too young to be tested or to be helped if a hearing loss is suspected. Listed below are several ways that doctors can test hearing at different ages. Keep in mind that clapping hands or making loud noises behind a child's back are never accurate tests for hearing loss!

Testing Hearing at Birth:

- There are two methods to test infants' hearing (auditory brainstem response (ABR) and otoacoustic emission testing (OAE)) which are both non-invasive, computerized, and take only a short period of time

Between 6 months to 2 years:

- Visual and behavioral responses to sound offer reliable information about child's hearing

Between 3 years and 5 years:

- Using “play audiometry” (making a game out of responding to sounds), audiologists are able to accurately measure a child’s threshold of hearing across frequency.

After 5 years:

- In addition to testing threshold of hearing across frequency, various tests of speech perception and central auditory processing can be administered.

At All Ages:

- “Impedance” tests can help identify middle ear problems (e.g., presence of fluid and status of eardrum) through a non-invasive and computerized technique.

AG Bell Can Help

Remember, early diagnosis of a hearing loss in your child ensures that your child can be fitted with hearing aids immediately. You can also get a head start on your child’s development through educational programs specially designed for children with hearing impairments. It is vital that children with any level of loss receive proper medical attention and the necessary educational and auditory training as early as possible!

If you find that you have unanswered questions about your child’s hearing and speech development or, if your child is hearing impaired and you require more information about hearing loss and the auditory approach, please contact AG Bell. We offer a wide range of services, publications and events designed for parents of children who are deaf or hard of hearing. Call us at 202-337-5220 (V) / 5221 (TTY) or log onto our website at www.agbell.org to learn more about becoming a member.

Resources from AG Bell—Call 202-337-5220 or log onto www.agbell.org to order.

A Parent’s Guide to Middle Ear Infections by Dorinne S. Davis, MA, CCC-A — This book discusses middle ear infections in young children and offers suggestions on enhancing communication.

I Heard That! A Developmental Sequence of Listening Activities for the Young Child by Winifred H. Northcott, Ph.D., Editor — This publication suggests activities parents can use to develop listening skills in children with hearing loss.

Listening to Learn: A Handbook for Parents with Hearing-Impaired Children by Arlie Adam, Pam Fortier, Gail Schiel, Margaret Smith and Christine Soland — This handbook shows parents how to develop effective spoken communication in their children with hearing loss.