SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections BABYNET

HEARING & VISION QUESTIONNAIRE

SECTION 1: CHILD AND SERVICE COORDINATOR INFORMATION

Child's First and Last Name:

Date of Birth:	Date:	BRIDGES ID:

Name: ☐ Intake Coordinator ☐ Service Coordinator

Agency:

Purpose:
☐ Eligibility Determination/ Initial IFSP ☐ 1st Annual IFSP ☐ 2nd Annual IFSP ☐ 3rd Annual IFSP

SECTION 2: HEARING

These questions can be asked at any review but **are required as indicated at the intake and with each annual review of the IFSP.*

2.A. SCREENING: INTAKE COORDINATOR AND SERVICE COORDINATOR

In the last six months, has the child had a hearing screening, including a Newborn Hearing Screening due to a hearing concern?

☐ **NO:** Proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs and confirm with parent or caregiver that child is not yet due for an audiological follow-up.

☐ **YES**: ☐ **Normal**: If "yes/normal," proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs

☐ **YES**: ☐ **Abnormal:** If "yes/abnormal," a consultation with an SCSDB Regional Services Coordinator is **required** before completing the BabyNet eligibility evaluation or assessment of child's unique strengths and needs.

Name of Audiologist/ENT:

Date of contact with SCSDB Regional Services Coordinator:

SCSDB Regional Services Coordinator's Name:

Consultation results:

2.B. ESTABLISHED RISK CONDITIONS FOR HEARING: INTAKE COORDINATOR

The following conditions are diagnosed by a physician. ***If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.***

☐	Agenesis of corpus callosum	☐	Hearing loss > 20 dB
☐	Auditory atresia	☐	Microtia
☐	Auditory neuropathy	☐	Stickler syndrome
☐	Branchiootorenal (BOR)/Meinick-Fraser	☐	Waardenburg syndrome
☐	Other:		

2.C. HIGH RISK FACTORS ASSOCIATED WITH HEARING LOSS. ***If any box below is checked, the parent should be encouraged to discuss concerns with primary care physician. A consultation with an SCSDB Regional Services Coordinator is required before completing the IDEA/Part C initial or annual eligibility evaluation, or assessment of child's unique strengths and needs.***

2.C.1. MEDICAL FACTORS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR

INTAKE COORDINATOR		SERVICE COORDINATOR	
☐	APGAR score of 3 or less (at 5 minutes after birth)	☐	Excessive discharge from the ears
☐	Excessive discharge from the ears	☐	Head trauma
☐	Family history of hearing loss	☐	Meningitis
☐	Head trauma	☐	Otitis media (recurring earaches or ear infections)
☐	Hyperbilirubinemia level (jaundice) requiring transfusion	☐	Prolonged medical ventilation (more than 10 days)
☐	Meningitis	☐	Seizures
☐	More than one course of ototoxic medication	☐	Other:
☐	Otitis media (recurring earaches or ear infections)		
☐	Prenatal exposure to maternal drug abuse		
☐	Prenatal exposure to maternal infections (e.g., toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)		
☐	Prolonged medical ventilation (more than 10 days)		
☐	Seizures or neurodegenerative disorder (e.g., mitochondrial disease)		
☐	Other:		

2.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR

☐	CHARGE Syndrome	☐	Shaken Baby Syndrome
☐	Congenital Brain Malformation	☐	Smith-Magenis Syndrome
☐	Cytomegalovirus (CMV)	☐	Trisomy 13
☐	Dandy Walker Syndrome	☐	Trisomy 18
☐	Down Syndrome	☐	Turner Syndrome
☐	Fetal Alcohol Syndrome	☐	Williams Syndrome)
☐	Osteogenesis Imperfecta	☐	Wolfe-Hirschhorn Syndrome
☐	Prader-Willi Syndrome	☐	Other:

2.C.3. PHYSICAL APPEARANCE ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR

☐	Cleft lip and palate	☐	Cranio-facial anomalies

2.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH HEARING LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR

☐	Atypical vocal behaviors	☐	Makes few or inconsistent responses to sounds
☐	Frequently does not respond to caregivers calling his/her name	☐	Pulls on ears or puts hands over ears
☐	Has an abnormality in voice, intonation (pitch), or articulation	☐	Shows a delay in language development
☐	Has limited vocalizations	☐	Shows a preference for certain types of sounds

SECTION 3: VISION

These questions can be asked at any review but* ***are required as indicated* *at the intake and with each annual review of the IFSP.*

3.A. SCREENING: INTAKE COORDINATOR & SERVICE COORDINATOR

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

☐ **NO:** Proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs and confirm with parent or caregiver that child is not yet due for an ophthalmological follow-up.

☐ **YES**: ☐ **Normal**: If "yes/normal," proceed with BabyNet eligibility evaluation or assessment of child's unique strengths and needs

☐ **YES**: ☐ **Abnormal:** If "yes/abnormal," a consultation with an SCSDB Regional Services Coordinator is **required** before completing the BabyNet eligibility evaluation or assessment of child's unique strengths and needs.

Name of ophthalmologist:
Date of contact with SCSDB Regional Services Coordinator:
SCSDB Regional Services Coordinator's Name:
Consultation results:

3.B. ESTABLISHED RISK CONDITIONS FOR VISION: INTAKE COORDINATOR

The following conditions are diagnosed by a physician. ***If any box is checked, the child is automatically eligible for IDEA/Part C services. Service Coordination must be provided by SCSDB.***

☐	Albinism	☐	Glaucoma w/ visual impairment
☐	Anophthalmia	☐	Lebers amaurosis
☐	Bilateral optic nerve coloboma	☐	Mobius syndrome
☐	Bilateral retinal detachment w/ blindness	☐	Optic nerve atrophy
☐	Bilateral visual acuity < 20/70 corrected vision best eye	☐	Retinitis pigmentosa
☐	Cataracts w/ visual impairment	☐	Retinoblastoma
☐	Coloboma/keyhole pupil	☐	ROP stages 4 and 5
☐	Cortical blindness	☐	Septo-optic dysplasia
☐	Other:		

3.C. HIGH RISK FACTORS ASSOCIATED WITH VISION LOSS. ***If any box below is checked, the parent should be encouraged to discuss concerns with primary care physician. A consultation with an SCSDB Regional Services Coordinator is required before completing the IDEA/Part C initial or annual eligibility evaluation, or assessment of child's unique strengths and needs.***

3.C.1. MEDICAL FACTORS ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR

INTAKE COORDINATOR		**SERVICE COORDINATOR**	
☐	APGAR score of 3 or less (at 5 minutes after birth)	☐	Constant tears (when child is not crying)
☐	Constant tears (when child is not crying)	☐	Head trauma
☐	Head trauma	☐	Meningitis
☐	Meningitis	☐	Prolonged medical ventilation (more than 10 days)
☐	Prenatal exposure to maternal drug abuse Prolonged medical ventilation (more than 10 days)	☐	Seizures or neurodegenerative disorder (i.e. mitochondrial disease)
☐	Prenatal exposure to maternal infections (toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)	☐	Other:
☐	Prolonged medical ventilation (more than 10 days)		
☐	Seizures or neurodegenerative disorder (i.e. mitochondrial disease)		
☐	Other:		

3.C.2. SYNDROMES/CONDITIONS ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR

☐	CHARGE Syndrome	☐	Shaken Baby Syndrome
☐	Congenital Brain Malformation	☐	Smith-Magenis Syndrome
☐	Cytomegalovirus (CMV)	☐	Trisomy 13

☐	Dandy Walker Syndrome	☐	Trisomy 18
☐	Down Syndrome	☐	Turner Syndrome
☐	Fetal Alcohol Syndrome	☐	Williams Syndrome)
☐	Osteogenesis Imperfecta	☐	Wolfe-Hirschhorn Syndrome
☐	Prader-Willi Syndrome	☐	Other:

	3.C.3. PHYSICAL APPEARANCE ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR
☐	Absence of a clear black pupil
☐	Constant inflamed, encrusted, or watery eyes (infections occur often)
☐	Constant redness of the white conjunctiva
☐	Constant swelling of the eyes
☐	Eyes appear crossed to cross or turn outward, inward, upward, or downward
☐	Eyes do not move in together or in unison
☐	Hazy cornea or whitish pupil
☐	Horizontal or vertical rapid eye movements (nystagmus)
☐	Sagging of an eyelid that blocks the pupil
☐	Visible changes to or irregularities in the shape, size, or structure of the eyes
	3.C.4. ATYPICAL BEHAVIORS ASSOCIATED WITH VISION LOSS: INTAKE COORDINATOR & SERVICE COORDINATOR
☐	Absence of eye contact (by age 3 months)
☐	Cannot find dropped toy
☐	Does not notice people or objects when placed in certain areas
☐	Does not reach or inaccuracy when reaching for toys/objects
☐	Eye poking, rocking, or staring at lights
☐	Eyes burn, itch, or feel scratchy
☐	Great discomfort in reaction to bright light (photophobia)
☐	Over or under reaches on curbs or steps
☐	Poor visual fixation or tracking (by age 3 months)
☐	Sleeps for short times only, and then wakes up rubbing eyes and/or complaining of pain in the eyes
☐	Squints eyes when outside or inside
☐	Tilts head when looking