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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00727 (02/2017) | **STATE OF WISCONSIN** |
| **TYPICAL HEARING DEVELOPMENTAL MILESTONES**  **Children 0 to 3 Years of Age** | |

| Child’s Name | Date of Birth | Date Completed | |
| --- | --- | --- | --- |
|  |  |  | |
| Use | | | |
| Use of this form is voluntary for Birth to 3 Programs. **This is guidance information only. It is not intended to diagnose a hearing loss.** It is important to note that a hearing loss may happen at any time and may occur any time after a child has passed a newborn hearing screening.  **Directions:**  Ask parent(s) the questions listed within the age range. If any of the responses are checked “No” recommend that parent(s) discuss this with their child’s doctor and ask the doctor for a referral to an audiologist for a hearing evaluation. Birth to 3 Programs are advised to complete the Typical Vision Developmental Milestones, [F‑00726](https://www.dhs.wisconsin.gov/forms/f0/f00726.doc), for children 0 to 3 years of age in conjunction with this form.  **4 Months – Does Your Child** | | |  |
| Startle to loud sounds (cry, widen eyes, change sucking patterns, body movements, etc.)? | | | Yes  No |
| Show sensitivity/respond to a wide range of sounds (voices, music, dog, vacuum, etc.)? | | | Yes  No |
| Soothe to the sound of a familiar voice? | | | Yes  No |
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| **4-6 Months – Does Your Child** | | |  |
| Turn in the direction of a sound source? | | | Yes  No |
| Distinguish between angry and friendly voices? | | | Yes  No |
| Respond to rattles and toys that make sounds? | | | Yes  No |
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| **6-12 Months – Does Your Child** | | |  |
| Turn immediately to mother’s voice across the room? | | | Yes  No |
| Repeat some sounds he/she hears? | | | Yes  No |
| Respond to his/her name? | | | Yes  No |
| Respond to “no-no” and “bye-bye”? | | | Yes  No |
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| **12-18 Months – Does Your Child** | | |  |
| Point to or look at familiar objects when named? | | | Yes  No |
| Jabber in response to human voice? | | | Yes  No |
| Make two-syllable sounds (mama, dada or cookie) | | | Yes  No |
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| **18-24 Months – Does Your Child** | | |  |
| Follows simple direction? | | | Yes  No |
| Echo prominent or last word addressed to him/her? | | | Yes  No |
| Use two word phrases, such as “go bye-bye” or “drink milk”? | | | Yes  No |
|  | | |  |
| **24-30 Months - Does Your Child** | | |  |
| Understand and answer “yes/no” and simple “Wh” questions (what, where, etc.)? | | | Yes  No |
| Listen to simple stories? | | | Yes  No |
| Follow simple two-step directions, without visual cues? | | | Yes  No |
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| **30-36 Months - Does Your Child** | | |  |
| Without visual cues, points to body parts when asked? | | | Yes  No |
| Without visual cues responds to sentence types (questions, commands, etc.)? | | | Yes  No |
| Communicate effectively with new individuals (can be understood by others)? | | | Yes  No |
| Continued | | | |
| Name and Role of Person Filling in Information (e.g., parent, Birth to 3 Program, childcare provider) | | | |
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| Notes: | | | |
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| Medical and Technology Information (uses hearing aids, has a cochlear implant, etc.): | | | |
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| Results of Newborn Hearing Screening[[1]](#footnote-1)  Pass  Did Not Pass  Do Not Know Date Completed | | | |
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| For additional resources or questions, please contact: Wisconsin Sound Beginnings – Early Hearing Detection and Intervention Program (WSB) at 608-261-1654 or <http://www.improveehdi.org/wi/early/>.  Wisconsin Educational Services Program for the Deaf and Hard of Hearing Outreach (WESP-DHH), 262-787-9500, <http://www.wesp-dhh.wi.gov/outreach/> | | | |
| Sources: Rhoades, Ellen, ED.S, Cert. AVT. “Auditory Developmental Scale: 0-6 Years”: retrieved from  <http://www.auditoryverbaltraining.com/scale.htm>  “A sound beginning for your baby: Newborn Hearing Screening”: WI Department of Health Services, Division of Public Health. <https://www.dhs.wisconsin.gov/newbornscreening/hearing.htm>  Patient /Family Education, Hearing and Speech Development: Children’s Hospitals and Clinics of Minnesota, May 2009 | | | |

1. <http://www.babyhearing.org/hearingamplification/NewbornScreening/index.asp> [↑](#footnote-ref-1)