





Early Hearing Detection and Intervention

Learning about Hearing Loss -- A Roadmap for Minnesota Families

From Diagnosis of Permanent Hearing Loss through the First Year

Diagnosis of Hearing Loss	During the first two weeks	Within the first month
<p><input type="checkbox"/> Evaluation completed by an audiologist with experience working with infants and children. (Babies over four months old may need sedation.) Date of Diagnosis: ___ / ___ / ___</p> <p>Hearing Loss Diagnosis: Left Ear - <input type="checkbox"/>mild <input type="checkbox"/>moderate <input type="checkbox"/>severe <input type="checkbox"/>profound _____</p> <p>Right Ear - <input type="checkbox"/>mild <input type="checkbox"/>moderate <input type="checkbox"/>severe <input type="checkbox"/>profound _____</p> <p>Your audiologist will connect you to:</p> <p><input type="checkbox"/> Your local "Help Me Grow" infant and toddler intervention services provided through your local public school district and community partners. Contact Information: 1-866-693-GROW (4769) www.MNParentsKnow.info</p> <div style="text-align: center;">  </div> <p><input type="checkbox"/> Other families of children with hearing loss for parent-to-parent support such as Minnesota Hands & Voices. 866-DHOHKID Voice Toll-free 866-857-2379 TTY Toll-free www.mnhandsandvoices.org</p> <div style="text-align: center;">  </div> <p><input type="checkbox"/> Your audiologist will inform your child's primary care provider and the Minnesota Department of Health about your child's hearing loss.</p>	<p><input type="checkbox"/> Learn more about your child's hearing loss. Visit www.babyhearing.org</p> <p><input type="checkbox"/> Discuss your child's hearing loss with your health care provider at your child's next well child checkup or sooner.</p> <p><input type="checkbox"/> Your child may need to return to the audiologist to finish further testing. Place _____ Date ___ / ___ / ___ Time _____</p> <div style="text-align: right;">  </div> <p><input type="checkbox"/> You will be contacted by the following*:</p> <ul style="list-style-type: none"> • A packet of information will be sent from the Minnesota Department of Health's Early Hearing Detection and Intervention Program. • A Parent Guide from Minnesota Hands & Voices will contact your family. • A representative from your local "Help Me Grow" infant and toddler intervention services will contact your family. <p><input type="checkbox"/> Get to know other resources that are available for your child and family through your regional Deaf and Hard of Hearing Services Division (MN Department of Human Services). www.dhhsd.org (888) 234-1322 Voice Toll-free (866) 488-3833 TTY Toll-free</p>	<p><input type="checkbox"/> Your health care provider will help you coordinate referrals to recommended specialists who have experience working with young children, including ENT (Ear, Nose and Throat doctor), genetics, and ophthalmology.</p> <p><input type="checkbox"/> Evaluation by an ENT. This will include the medical clearance for hearing aids (if chosen). Appointment Place: _____ Date: ___ / ___ / ___ Time: _____</p> <p><input type="checkbox"/> Return to your audiologist for hearing aid fitting (if chosen). Information about loaner hearing aids will be provided. Place _____ Hearing aid fitting date ___ / ___ / ___ Time _____</p> <div style="text-align: right;">  </div> <p><input type="checkbox"/> Begin to learn about different choices in hearing technology and ways to communicate.</p> <p><input type="checkbox"/> With parental consent, an eligibility evaluation will begin through your local "Help Me Grow" infant and toddler intervention services. Most children with permanent hearing loss will be eligible to participate in these family-focused support services. Your Help Me Grow team may include a Teacher for Deaf and Hard of Hearing, an Audiologist, Early Childhood Special Education Teacher, social service providers, health care providers, and family members.</p>

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Within two months	Within six months	Within the first year
<ul style="list-style-type: none"> <input type="checkbox"/> Discuss your child's hearing loss with your health care provider at your child's next well child checkup or sooner. <input type="checkbox"/> Continue audiology care. Return to your audiologist for tests of your child's hearing aids (if chosen). Discuss a plan with your audiologist in case your child's hearing aids are lost or not working. PLAN: _____ _____ <input type="checkbox"/> After an evaluation is completed through Help Me Grow early intervention services, an Individualized Family Service Plan (IFSP) will be completed for eligible children and their families. This plan will include outcomes, services and supports for your family based on identified strengths and needs. IFSP start date ___ / ___ / ___ <input type="checkbox"/> Continue to connect with other families of children with hearing loss (i.e. Minnesota Hands & Voices) and adults who are deaf or hard of hearing. 	<ul style="list-style-type: none"> <input type="checkbox"/> Your health care provider will help you coordinate referrals to recommended specialists who have experience working with young children, including ENT, genetics, and ophthalmology (if not yet completed). <input type="checkbox"/> Evaluation by a pediatric ophthalmologist (eye doctor): Place: _____ Appointment Date: ___ / ___ / ___ Time: _____ <input type="checkbox"/> Continue audiology care. Audiology evaluation may include behavioral testing. Appointment Date: ___ / ___ / ___ Time: _____ Appointment Date (if needed): ___ / ___ / ___ <input type="checkbox"/> Continue services provided through the Help Me Grow infant and toddler intervention services as described in your child's Individualized Family Service Plan (IFSP). <input type="checkbox"/> Continue to learn about and discuss communication considerations and choices in hearing technology for your child. 	<ul style="list-style-type: none"> <input type="checkbox"/> Your health care provider will help you coordinate referrals to recommended specialists who have experience working with young children, including ENT, genetics, and ophthalmology (if not yet completed). <input type="checkbox"/> Evaluation by a geneticist: Place: _____ Date: ___ / ___ / ___ Time: _____ <input type="checkbox"/> Ongoing audiology care and hearing aid evaluation at least every six months. <input type="checkbox"/> Continue services provided through the Help Me Grow infant and toddler early intervention services as described in your child's Individualized Family Service Plan (IFSP). <input type="checkbox"/> Continue to learn about and discuss communication considerations and choices in hearing technology for your child. <input type="checkbox"/> Continue to connect with other families of children with hearing loss (i.e. Minnesota Hands & Voices) and adults who are deaf or hard of hearing.

Contact Information

Health Care Provider: _____
 Audiologist: _____
 Minnesota Hands & Voices Parent Guide: _____
 Local Help Me Grow Program (Early Intervention):
 Service Coordinator: _____
 Teacher: _____

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Minnesota Department of Health
 1-800-728-5420
www.health.state.mn.us/mcshn

*Recommendations are voluntary, parents have the option to decline services.