

Please take this card with you to your baby's doctor and audiologist appointments.



When possible, testing should be done by 1 month.

Baby's Name: _____ DOB: _____

Mother's/Guardian's Name: _____

A hearing screening using Automated ABR or OAE was completed on _____ for your baby. Testing showed your baby:

RIGHT EAR:

- Passed (see back)
- Did not pass and further testing is required.
- Testing could not be completed and further testing is required.

LEFT EAR:

- Passed (see back)
- Did not pass and further testing is required.
- Testing could not be completed and further testing is required.

An appointment has been scheduled for you: _____ (Date/Time)

(Clinic/Hospital)

(Address) **OR** _____ (Phone)

Please call _____ to schedule an appointment.
(Name/Phone)

For information or assistance in locating follow-up service providers, please contact the **Early Hearing Detection & Intervention Program** at **1-800-322-3722** ✦ **www.illinoisoundbeginnings.org** ✦ **e-mail: ilsound@uic.edu**

A PASS is not a PASS for life. Watch for these milestones:

BIRTH TO 3 MONTHS

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Reacts to loud sounds | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is soothed by your voice | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turns head to you when you speak | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is awakened by loud voices and sounds | <input type="checkbox"/> | <input type="checkbox"/> |
| • Smiles when spoken to | <input type="checkbox"/> | <input type="checkbox"/> |
| • Seems to know your voice and quiets down if crying | <input type="checkbox"/> | <input type="checkbox"/> |

3 TO 6 MONTHS

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Looks upward or turns toward a new sound | <input type="checkbox"/> | <input type="checkbox"/> |
| • Responds to “no” and changes in tone of voice | <input type="checkbox"/> | <input type="checkbox"/> |
| • Imitates his/her own voice | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys rattles and other toys that make sounds | <input type="checkbox"/> | <input type="checkbox"/> |
| • Begins to repeat sounds (i.e., “ooh”, aah”, “ba-ba”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Becomes scared by a loud voice | <input type="checkbox"/> | <input type="checkbox"/> |

6 TO 10 MONTHS

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Responds to his/her own name, telephone ringing, someone’s voice, even when not loud | <input type="checkbox"/> | <input type="checkbox"/> |
| • Knows words for common things (cup, shoe) and sayings (“bye-bye”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Makes babbling sounds, even when alone | <input type="checkbox"/> | <input type="checkbox"/> |
| • Starts to respond to requests such as “come here” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Looks at things when someone talks about them | <input type="checkbox"/> | <input type="checkbox"/> |

10 TO 15 MONTHS

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Plays with own voice, enjoying the sound and feel of it | <input type="checkbox"/> | <input type="checkbox"/> |
| • Points to or looks at familiar objects or people when asked to do so | <input type="checkbox"/> | <input type="checkbox"/> |
| • Imitates simple words and sounds; may use a few single words meaningfully | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys games like peek-a-boo and pat-a-cake | <input type="checkbox"/> | <input type="checkbox"/> |

15 TO 18 MONTHS

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Follows simple directions, such as “give me the ball” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uses words s/he has learned often | <input type="checkbox"/> | <input type="checkbox"/> |
| • Uses 2-3 word sentences to talk about /ask for things | <input type="checkbox"/> | <input type="checkbox"/> |
| • Knows 10 to 20 words | <input type="checkbox"/> | <input type="checkbox"/> |

18 TO 24 MONTHS

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Understands simple “yes-no” questions (“Are you hungry?”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands simple phrases (“in the cup”, “sit down”) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Enjoys being read to | <input type="checkbox"/> | <input type="checkbox"/> |
| • Points to pictures when asked | <input type="checkbox"/> | <input type="checkbox"/> |

24 TO 36 MONTHS

- | | YES | NO |
|--|--------------------------|--------------------------|
| • Understands “not now” and “no more” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chooses things by size (big, little) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Follows simple directions such as “get your shoes” | <input type="checkbox"/> | <input type="checkbox"/> |
| • Understands many action words (jump, dance, run) | <input type="checkbox"/> | <input type="checkbox"/> |

If you ever have concerns regarding your child’s hearing, contact your baby’s doctor. For help finding an audiologist, contact: **UIC-Specialized Care for Children at 1-800-322-3722 or ehdi-pals.org**

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