Decision Tree: Risk Factors and Behaviors Suggesting a Possible Vision and/or Hearing Concerns in Young and School-aged Children

**Child With Risk Factor for Vision Impairment:**
- Low birth weight (<3 pounds)
- Cerebral palsy
- Head trauma
- **Hearing loss***
- Hydrocephalus/Shunt
- Meningitis/Encephalitis
- Congenital infections (such as CMV)
- Retinopathy of Prematurity
- Seizures
- Syndrome associated with vision concerns

**Child With Risk Factors for Hearing Loss**
- Speech/Language delay
- Parental concern about hearing
- Family history of hearing loss
- Prematurity/NICU > 5 days
- Congenital infection (such as CMV)
- Bacterial meningitis
- Craniofacial abnormalities
- Syndromes associated with hearing loss
- Ototoxic medications (gentamycin, lasix, chemotherapy)
- Head trauma

**Child Has Concerning Vision Behaviors:**
- **Any time:**
  - Does not look at faces, give eye contact
  - Rubs eyes
  - Squints/Closes eyes/cries, turns away from bright lights
  - Tilts/Turns head to look

- **If not occurring by 3 months of age:**
  - Does not notice objects above or below the head
  - Notices objects only on one side

- **If not occurring by 5-6 months of age:**
  - Doesn’t visually follow moving objects
  - Doesn’t reach for objects
  - Over- or under-reaches for objects
  - Seems unaware of self in mirror
  - Seems unaware of distant objects

- **Older ages:**
  - Covers or closes one eye when looking
  - Does not look at pictures in books
  - Holds books or objects close to eyes
  - Stops and steps/crawls over changes in floor texture or color
  - Trips over/bumps into things in path

**Child Has Concerning Listening/Speaking Behaviors:**
- Does not look/attend to voices or sounds (all children with autism spectrum disorder should have a definitive hearing evaluation)
- Asks “what?” or “huh?” a lot
- Asking for people to repeat what they have said
- Talking too softly or too loudly
- Favoring one ear/turning one ear to a speaker or the TV
- Difficulty localizing sounds (i.e. calling the child from another room and the child not knowing where to look)
- Having to face the person talking to understand what is being said
- Speech delay
- Language delay
- Articulation problems which are not improving

**Child Has Notable Eye Concerns:**
- Child has a known hearing loss
- Far-away look in eyes
- Cloudy or milky appearance of eyes
- Droopy eye lid(s) (ptosis)
- Jerky or wiggling eyes (nystagmus)
- Random eye movements
- Squinting, excessive blinking
- Unequal pupil size

**Child Has Notable Physical Concerns:**
- Child has a known vision impairment
- Frequent ear infections
- Child has a cleft lip/palate
- Shape of ear is abnormal
- White patches of skin or hair
- Kidney problems
- Heart problems
Next Steps If There Are Concerns About A Child’s Vision Or Hearing

**Provider/Parental Concerns of Vision** (based on observations, interview or ASQ results, presence of risk factors, failed vision screen)

- Discuss with family, team; implement appropriate referrals for comprehensive eye exam by ophthalmologist knowledgeable in pediatric vision concerns
- Obtain and review ophthalmological report
- Medically Identified Vision Impairment (based on confirmatory ophthalmology evaluation)
- Proceed with steps to determine educational impact and services (next page)

**Provider/Parental Concerns of Hearing Loss** (based on observations, interview or ASQ results, presence of risk factors, failed hearing screen)

- Discuss with family, team; implement appropriate referrals for comprehensive hearing evaluation by pediatric audiologist
- Obtain and review audiology report
- Medically Identified Hearing Loss (based on confirmatory audiology evaluation)
- Proceed with steps to determine educational impact and services (next page)

Vision is **normal or correctible with glasses**

Hearing is **normal**

Monitor for vision, hearing concerns or changes
What To Do For Children With Known Vision Impairment And/Or Hearing Loss

Essential steps for children with confirmed vision impairment impacting educational needs

1. Obtain Ophthalmology report and recommendations
2. Obtain Functional Vision Assessment (to understand impact on educational needs and strategies to employ educationally)
3. Add appropriate Vision Services (i.e. VI, O&M) and accommodations to IFSP/IEP
4. Communicate to all team members the vision accommodations that are needed
5. Monitor for changes in vision
6. Ensure Part C and Part B programming includes needs related to vision on IFSP/IEP transition plan
7. Evaluate and monitor for hearing loss (hearing screening results, audiology report)
8. If Deafblind, refer to Ohio Center for Deafblind Education if identified with hearing loss of any degree (unilateral or bilateral)
9. Consider deafblind as appropriate educational category on IEP
10. Monitor for changes in hearing

Essential steps for children with confirmed hearing loss impacting educational needs

1. Obtain Audiology report and recommendations
2. Obtain Functional Listening Evaluation (to understand impact on educational needs and strategies to employ educationally)
3. Add appropriate Hearing Services and accommodations to IFSP/IEP (i.e. Regional Infant Hearing Program, Educational Audiology, Teacher of the Deaf/HH, communication needs)
4. Communicate to all team members, hearing accommodations that are needed
5. Monitor for changes in hearing
6. Ensure Part C and Part B programming includes needs related to hearing on IFSP/IEP transition plan
7. Evaluate and monitor for vision loss (ophthalmology evaluation)
8. Refer to Ohio Center for Deafblind Education if identified with vision loss in addition to hearing loss
9. Consider deafblind as appropriate educational category on IEP
10. Monitor for changes in vision