Course: CSAD 241S Practice: Hearing Screenings Section 1  
Course #: 85486  
Semester: Fall 2017  
Instructor: Dr. James McCartney  
Office: Audio Suite, Shasta 154  
Email: harpeat@csus.edu

Course Description:

CSAD 241S. Practice: Hearing Screenings, 1 Unit Credit/No Credit  
Prerequisite(s): CSAD 130, or instructor permission.  
Supervised clinical practice in the administration of hearing screening tests. The student must furnish his/her own transportation. Fifteen to twenty hours for one unit.

Enclosed Documents:

- School Hearing Screening Log Sheet: The log sheet should be used to keep track of your hours. It is designed to be filled out on the day of testing and signed by the supervisor. However, it does not replace the clinical hours by semester forms that must be filled out at the end of the semester and returned to the department.
- Sample Screening Form
- Quick Reference--CA Code of Regulations
- KASA Standards
- Release of Liability Waiver

COURSE STRUCTURE:

1. Each student needs to acquire 15 hours of school hearing screenings during the course of the semester. Screenings will be scheduled on Fridays from 9:00a.m. - 12:00p.m. (times may vary depending on the school) beginning Sept, and ending Dec. You must arrive 15 minutes early to allow for set up. A minimum of 4 students must be present at each school screening with a maximum of 7 students. Each student will be randomly assigned to a series of five screening dates. If for any reason you are unable to attend your assigned dates it is your responsibility to find someone who can switch days with you.

2. It is your responsibility to request the equipment needed from the supply room, to check and make sure it is working, and to return it to the supply room. You need to bring the following equipment to every screening:

- An otoscope (make sure it is charged), and tips (these are found in the Audiology suite); when returning the otoscope it must be placed back in the socket to charge
- Alcohol wipes
- Pencils
- 2 Portable audiometers (make sure they are different models)
• 2 Portable tympanometers (make sure they are different models)
• Extra Hearing evaluation forms (the schools have been sent a stack of these already).
• Note: Otoscope, Alcohol wipes, tips, (for both the otoscope and the tympanometer), pencils and extra hearing evaluation forms can all be found in the Hearing Screening Crate (McCartney box) located in the Supply Room.

3. It is also your responsibility to keep track of your hours and have them signed off by the instructor on the date of the screening.
CSAD 241S Practice: Hearing Screenings

This course has been designed to be in direct support of the following American Speech-Language Hearing Association (ASHA) Knowledge and Skills Acquisition for certification in Speech-Language Pathology:

Standard IV-E, IV-G, IV-H: Contemporary Professional Issues
- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge re: standards of ethical conduct.
- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge re: contemporary professional issues and advocacy.

Standard IV-B: Basic Human Communication Processes
- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge re: acoustic bases of human communication.

Standard V-B 1a. Conduct screening and prevention procedures (including prevention activities)
- The student will demonstrate the ability to conduct screening and prevention procedures in the area of hearing.

Standard V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures
- The student will demonstrate the ability to select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures in the area of hearing.

Standard V-B 1d. Adapt evaluation procedures to meet client/patient needs
- The student will demonstrate the ability to adapt evaluation procedures to meet client/patient needs in the area of hearing.

Standard V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
- The student will demonstrate the ability to interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention in the area of hearing.

Standard V-B 1f. Complete administrative and reporting functions necessary to support evaluation
- The student will demonstrate the ability to complete administrative and reporting functions necessary to support evaluation in the area of hearing.

Standard V-B 1g. Refer clients/patients for appropriate services
- The student will demonstrate the ability to refer clients/patients for appropriate services in the area of hearing.

Standard V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- The student will demonstrate the ability to communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.

Standard V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.
- The student will demonstrate the ability to adhere to the ASHA Code of Ethics and behave professionally.
<table>
<thead>
<tr>
<th>DATE OF SCREENING</th>
<th>NAME OF SCHOOL</th>
<th>TIME</th>
<th>NUMBER OF HOURS</th>
<th>INSTRUCTOR INITIALS</th>
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**Instructor:**
Dr. James McCartney

**Signature:**  

**ASHA #:**  
12078325

**Ca Licensure:**  
AU256

**CSUS Student ID:**
**California State University, Sacramento**  
Department of Communication Sciences and Disorders  
6000 J Street MS 6071, Sacramento, CA 95819  
(916) 278-6601 FAX (916) 278-7730

**Child's Name** ________________________________ **Date**__________________

**Tympanometry:**

<table>
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<tr>
<th></th>
<th><strong>Right ear</strong></th>
<th><strong>Left ear</strong></th>
<th>Type A</th>
<th>Type B</th>
<th>Type C</th>
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<tbody>
<tr>
<td>Type A</td>
<td></td>
<td></td>
<td>(normal middle ear functioning)</td>
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<td>Type B</td>
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<td>(often indicates fluid in middle ear)</td>
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<td>Type C</td>
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<td>(negative middle ear air pressure)</td>
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**Pure tone screening at 25 dB** Re: ANSI, 1969  
(P = Pass, F = Fail)

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<tr>
<th>Hz</th>
<th>Right Ear</th>
<th>Left Ear</th>
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<tr>
<td>500 Hz</td>
<td>P/F</td>
<td>P/F</td>
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<tr>
<td>1000 Hz</td>
<td>P/F</td>
<td>P/F</td>
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<tr>
<td>2000 Hz</td>
<td>P/F</td>
<td>P/F</td>
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<tr>
<td>4000 Hz</td>
<td>P/F</td>
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**Recommendations**

Passed _______  
Retest _______  
Make an appointment with your physician_____  

**Clinician's Initials:** __________

James McCartney PhD, CCC-A 256
Quick Reference
For the School Audiometrist

Who Can Test**
The following prioritized list provides guidance on which district employees are qualified to administer hearing testing to pupils in public schools.
1. A credentialed school nurse who is registered with the State Department of Health Services (OHS) and hold a school audiometrist certificate pursuant to 17 CCR Section 2950 (a) or (b).
2. A person who has a valid special credential authorizing the teaching of the deaf and hard of hearing; a standard teaching credential with specialized preparation in the area of the deaf and hard of hearing or in the area of speech and hearing handicapped; or a certificate of registration to serve as a school audiometrist issued by the State Department of Health Services pursuant to CEC Section 49454.
3. A non-credentialed individual certified by the OHS as having fulfilled the requirements of 17 CCR Section 2950 (a) and employed by a school district may assist with basic hearing screening for pupils if they work under the immediate supervision of a credentialed school nurse or other duly qualified supervisor of health. Non-credentialed employees trained under 17 CCR Section 2950 (a) are not qualified to perform hearing screening or to make referrals for follow-up hearing testing in California public schools.
4. A school district may also contract for the provision of testing with an agency authorized to perform such services pursuant to CEC Section 49452. These contract agencies may provide basic hearing screening for pupils if they work under the supervision of a credentialed school nurse or other duly qualified supervisor of health.

Who to Test*
Each pupil in kindergarten or first grade and pupils in second, fifth, eighth, tenth or eleventh grade and at first entry into the California public school system shall be given a hearing screening.
A school district may request a waiver of the hearing screening test for tenth and/or eleventh grade pupils once each school year. A form has been developed to facilitate this process and will be provided to each district early in the school year. An approved waiver request must be on file prior to implementing the annual hearing testing program. Result of testing "at risk" pupils must still be reported on PM 100.
Test each pupil enrolled in a special education program, other than those enrolled for a hearing problem, on first entry and every third year thereafter.

Instruct the child to raise his/he hand when the tone is heard. Condition to tone at 50 dB.
Set hearing level to 25 dB.*
Start with right ear.
Screen at 1000, 2000, 4000, and 500 Hz.
Switch to left ear.
Screen at 500, 1000, 2000, and 4000 Hz.
If there is response in both ears at all frequencies, note "pass" on class list and dismiss the child.
If there is no response to one or more of the screening frequencies at either ear, perform the first threshold test to confirm screening failure. You must test only at failed frequency(ies) and screen at 500 Hz in both ears.
If the threshold is 25 dB or better note "pass" on class list and dismiss the child.
If hearing level is confirmed to be greater than 25 dB, note "did not pass" on class list and dismiss the child. A second threshold test shall be performed in two to six weeks.

Second threshold Test
The second threshold test is performed two to six weeks after the first threshold failure and is performed in the same manner as the first threshold test.*

Referral Criteria
1. Evidence of pathology.
2. a. Hearing Level of 30 dB or greater for two or more frequencies in an ear, or
   b. Hearing level of 40 dB or greater for any one frequency.

Reporting Results*
1. Record dates and results of screening and a copy of threshold tests (if any) in pupils health record.
2. Prepare annual report (PM 100). Remember: Only the pupils who failed the second threshold test and would be eligible for referral are noted in column 4. Completed forms should be mailed by June 30th of the current school year to:*

Hearing Conservation Specialist
Children's Medical Services Branch MS8100
P.O. Box 997413 Sacramento, CA 95899-7413
(916) 323-8104
srawisz@ca.gov

In accordance with California Code of Regulations *(CCR) Title 17, Section 2951
**(CCR) Title 17, Section 2950
RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____________________________________________________________________________

Activity Date(s) and Time(s): _____________________________________________________________________________

Activity Location/Facility: _____________________________________________________________________________

Hazards to be aware of: Hazard mitigation (how to prepare for a safe activity): ______________________

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss that I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity locations(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name: _______________________________ Date: ______________

Signature: __________________________
If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

______________________________   _________________________
Signature of Minor Participant's Parent/Guardian   Date

______________________________
Minor Participant's Name