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POSITION STATEMENT

RECOMMENDED PROFESSIONAL PRACTICES FOR EDUCATIONAL AUDIOLOGY

(Approved by Executive Board of Educational Audiology Association, April, 1997)

Hearing loss has grave implications for the educational progress and success of the individual child and for the educational system. Audiologic services for support of children with hearing loss were mandated in the public schools as early as 1975 (PL94-142). Although clinical diagnostic audiology services are essential in the schools, it is clear that educational audiology services also involve planning and delivery of (re)habilitation services following diagnosis. Unique to educational audiology are skills such as analyzing instructional listening dynamics, recommending modifications for the school environment or programs and educating school personnel and parents to make instruction accessible to students with hearing loss for their academic and social success. The services of the educational audiologist are numerous and may vary considerably depending on location.

The Educational Audiology Association supports the concepts of the Guidelines for Audiology Services in the Schools, published by the American Speech-Language-Hearing Association in 1993, which proposes one audiologist for every 12,000 preschool through high school students to provide comprehensive audiology services. Comprehensive audiology services include prevention, identification, assessment, (re)habilitation, providing follow-up and monitoring, equipment and materials, administrative support, evaluation and research. (ASHA, 1993) In addition, the EAA recommends the following professional practices for audiologists working in the school setting.

IDENTIFICATION AND ASSESSMENT:

Screening/Management of Hearing Screening Programs. Develop and supervise identification programs which includes the periodic screening of all children between birth and 21 years of age, all children placed in special education programs, children considered "at risk" for hearing impairment and children suspected of having hearing problems. Ensure appropriate referral and follow-up is provided when hearing impairment is detected. Provide training and support for individuals who conduct/implement hearing screening programs.

Audiologic Evaluations - administer, score and interpret evaluations of hearing that are appropriate for each individual student. Counsel the individual with hearing loss and/or the family regarding the test results. Following identification of hearing loss in children, audiologic follow-up should occur at least: every 3 to 6 months to age 3 years, every 6 months to age 6 years and annually thereafter.

Assessment of Central Auditory Processing. Provide identification and assessment information, ideally as a member of an interdisciplinary team, for students suspected of having Central Auditory Processing Disorders (CAPD). Provide information to the student, parents, teachers and other school personnel concerning auditory strengths and limitations of the student with CAPD, and possible learning and teaching strategies for the classroom and other learning environments that assist the student with CAPD to learn and manage the auditory environment to his best advantage.

AMPLIFICATION:

Hearing Aid Evaluation and Analysis. Perform complete hearing aid evaluations based on knowledge of current hearing aid options and prescriptive methods for selecting amplification characteristics. Testing should include probe microphone measures whenever possible/appropriate, functional gain measures as appropriate, speech perception measures, and electroacoustic analysis. Monitoring of hearing aids should include daily listening checks by trained personnel, electroacoustic analysis at least twice a year, and monitoring of classroom performance with amplification.

Classroom Amplification. Select, evaluate and fit classroom amplification based on the knowledge of current options and their benefits/limitations, including individual and group FM systems, assistive listening devices (such as hard-wired or loop systems, etc.) and soundfield systems. Verify effectiveness of amplification system with electroacoustic analysis and probe microphone measures for all modes of operation whenever possible/appropriate. Perform inservice training for all individuals who will be using the system. Monitoring should include daily listening checks by trained personnel, measurements of classroom performance and/or electroacoustic analysis at least twice a year.

HEARING LOSS MANAGEMENT:

Medical/Educational Referral. Determine the need for and make appropriate referrals for additional medical care or educational assessment and special education intervention. Accommodations under Section 504, Americans with Disabilities Act, should be considered for students who do not qualify for special education.

Counseling and Guidance of Students/Parents/Teachers. Educate students/parents/teachers on the effects of hearing loss on communication, academic performance, socialization, and daily living skills. Make recommendations for strategies and assistive devices (alerting devices, smoke detectors, FM systems, alarm vibrators, etc.) to minimize the negative effects of the hearing loss. Provide information on the proper use and maintenance of hearing aids. Make referrals to appropriate agencies, centers, medical providers and other professional personnel.

Inservice Training /Consultation and Interpretation for School Personnel. Explain and interpret audiologic findings and their impact on the educational performance of the student. Provide in depth training for school personnel regarding the improvement of the signal-to-noise ratio in the classroom and the appropriate use of soundfield or personal FM amplification equipment.

(Re)Habilitation and Instructional Services. Provide or supervise the provision of (re)habilitation and/or instruction for students with hearing or auditory processing impairment. Areas should include proper amplification use and maintenance, listening skills development, speech-reading, auditory discrimination (particularly in noise). Specific training should be provided to students emphasizing the importance of self-advocacy for optimal listening environments and monitoring individual amplification equipment and/or devices.

Individualized Education Plan (IEP)/Individualized Family Service Plan(IFSP) Planning and Writing. Develop appropriate IEPs/IFSPs including goals and objectives and designate appropriate educational placement, services and equipment. Participate in IEP/IFSP team meetings with the appropriate school personnel and parents for students identified with hearing impairment.

CONSERVATION/CONSULTATION:

Hearing Conservation. Establish and direct hearing conservation programs that include: health education for students and school personnel concerning the effects for hazardous noise on hearing, identification of hazardous noise sources on campus and in the community, proper use of appropriate hearing protection, methods of eliminating or reducing noise exposure through engineering controls, and monitoring hearing tests for those exposed to hazardous noise on a regular basis.

Soundfield Amplification. Promote the use of soundfield FM amplification by educating school boards, administrators, personnel and parents about the improved signal-to-noise ratio and its resultant positive effects on academic performance. Make recommendations for the purchase, installation, maintenance and monitoring of appropriate soundfield FM amplification equipment.

Classroom Acoustics. Consult with school districts concerning appropriate construction materials and layout of classrooms prior to construction to ensure maximum noise and reverberation reduction. Perform classroom acoustic analysis and make recommendations for structural and/or functional changes for all existing classrooms as needed.

PROGRAM MANAGEMENT:

Training and Supervision of Support Personnel. Select and train support personnel with instruction and hands on experiences to perform appropriate support tasks (such as hearing screening, basic hearing tests, immittance measures, electroacoustic analysis, trouble-shooting of hearing aids and FM systems, listening checks, earmold impressions, speechreading, listening skills development, and clerical duties) as directed by the certified and/or licensed audiologist. Interpretation of results is always by the audiologist. The amount and type of supervision should be based on the skills and experience of the support personnel, the needs of the patient/client served, the service delivery setting, the tasks assigned, and other factors. Support personnel must be free in all situations to request the audiologist's intervention or assistance.

Calibration. Ensure proper, timely calibration of all audiologic equipment (including audiometers, electrophysiologic and immittance/impedance equipment, real ear and electroacoustic analyzers) at least once (preferably twice) a year.

Record Maintenance. Maintain records of all evaluation/assessments, (re)habilitation, instructional and educational services, program placement and attendance as appropriate. Use standardized forms whenever possible to ensure complete and accurate records.

Program Administration. Administer programs or provide administrative support for students with hearing impairment, including hiring and supervising professionals/paraprofessionals delivering services, developing and managing budgets, preparing required reports and statistics, and representing the program within the school system.

PROFESSIONAL LEADERSHIP/DEVELOPMENT:

Community Leadership/Collaboration. Represent the profession of audiology, the school district/system, and the needs of children with hearing loss to the community. Provide public awareness activities related to the prevention of hearing loss and the problems associated with hearing loss. Coordinate assessment and dispensing services between private agencies or professionals in the community and the school system. Participate in quality assurance meetings/activities with community agencies providing services and equipment to children with hearing loss.

Evaluation and Research. Attend continuing education programs and activities to maintain awareness and knowledge of ongoing research in pediatric and educational audiologic services. Perform ongoing evaluation of current audiologic programs/research to ensure best practices and modify current practices and procedures as appropriate.