

Section 2: Screening/Comprehensive Identification Procedures

Introduction

Comprehensive identification procedures ensure that all children birth to three years of age who may be eligible for Early ACCESS are identified, located and referred for an evaluation (281-120.23).

Note. Children referred to Early ACCESS less than 45 days prior to their third birthday are referred to Part B and do not proceed through the Early ACCESS process.

The outcome of an evaluation is to assess the child and family strengths and areas of concern to coordinate and provide needed early intervention services. Comprehensive identification procedures are to be provided at no cost to the family and include the following (281-120.27):

- screening;
- referral;
- intake;
- the comprehensive multidisciplinary evaluation including family assessment; and
- eligibility determination.

Screening definition

Screening is a brief decision-making process used by qualified individuals to determine a potential or suspected condition or delay in one or more areas of child growth and development [281-120.27(1)].

Often in working with children, professionals may be concerned regarding an infant or toddlers developmental skills based on observations and family reports. Upon concern, screening may be used to briefly appraise an infant or toddler's development in order to provide information to parents and others whether concerns warrant further evaluation.

Continued on next page

Section 2: Screening/Comprehensive Identification Procedures, Continued

Criteria for selection of screening tools

Screening tools vary by those qualified individuals seeking to briefly appraise an infant or toddler's developmental skills. Individuals are responsible for selecting screening tools based on the following state selected criteria (Meisels, 1991).

- Norm referenced for birth to three-year-olds and standardized in administration;
- Valid and reliable;
- May be administered by professional or trained personnel as specified by the publisher;
- Provides input from families;
- Culturally and linguistically sensitive;
- Reasonable for cost; and
- Reasonable for time to administer.

Screening: Important considerations

It is important to note the following considerations;

If ...	Then ...
an infant or toddler has a known condition,	<i>the child is eligible for Early ACCESS and a comprehensive multidisciplinary evaluation is required to determine the child's level of functioning in all [10] developmental areas.</i> Note. Screening is not required to be administered.
a referral is received from another agency with timely data,	existing screening information and timely data are acceptable for consideration and REVIEW of the child's development and should not be re-administered.
Note. All documentation, screening, and/or test results relevant to the child may be requested and sent with the referral to AEA Early ACCESS staff to aid in the multidisciplinary evaluation process.	

Continued on next page

Section 2: Screening/Comprehensive Identification Procedures, Continued

Other screenings: Early Hearing Detection and Intervention (EHDI)

All Iowa newborns are to receive a hearing screening. This requirement is supported by Iowa's *Universal Newborn and Infant Hearing Screening law*.

All AEAs and Early ACCESS agencies participate in the implementation of the law and the Early Hearing Detection and Intervention (EHDI) program which is administered by the Iowa Department of Public Health.

The purpose of the law is to ensure that infants with hearing loss are identified as early as possible so they can begin receiving early intervention services by six months of age. The three goals of the EHDI program include:

- All infants will be **screened** for hearing loss before **1 month** of age, preferably before hospital discharge.
- All infants who do not pass the screening will have a **diagnostic audiologic evaluation** before **3 months** of age.
- All infants identified with hearing loss receive appropriate **early intervention services** before **6 months** of age.

Hospitals provide the initial infant hearing screening.

Other screenings: rescreening for Early Hearing Detection and Intervention (EHDI)

If a child needs re-screening, families are provided information about choices to obtain the re-screening. The AEA is one option to schedule a re-screening.

In order to prevent “loss to follow up,” children who do not receive needed re-screening or missed their initial screening are referred monthly to the Regional Early ACCESS Office by the state EHDI Office at the Iowa Department of Public Health using a special *EA-EHDI REFERRAL FORM*.

- Each child is then assigned a pre-Service Coordinator.
- Each AEA determines who will serve as pre-Service Coordinator(s) for newborn hearing following up services when hearing re-screening has not been completed in a timely manner (e.g. audiologists; EA Service Coordinators; etc.).

More information about the EA-EHDI collaboration and guidance is available 1) *EHDI REFERRAL Q & A*, 2) *EHDI PRE-SERVICE COORDINATOR Q & A*, 3) *EHDI AUDIOLOGIST ESP REPORTING Q & A*

Continued on next page

Section 2: Screening/Comprehensive Identification Procedures, Continued

Other screenings: EHDI Pre-Service Coordinator procedures

Steps the pre-Service Coordinator follows for hearing re-screening include:

Step	Action
1	Pre-Service Coordinator contacts the family within 48 hours.
2	Explains the importance of the re-screening
3	Describes all location options (AEA, hospital, private audiologist)
4	Helps families work through barriers to complete the re-screening
5	Provides the results of the hearing re-screening or information regarding the inability to contact the family to the state EDHI program through their eSP data system or an e-mail/phone call to the state EHDI Coordinator or EHDI Follow-up Coordinator. <i>Note.</i> If pre-Service Coordinators have difficulty contacting the referred family, they are to follow Early ACCESS procedures in this manual for “Unable to Contact.” Before closing the file, pre-Service Coordinators are to notify the Iowa EHDI program immediately if unsuccessful in contacting a family. Call (800) 383-3826 to notify the EHDI Program; the EHDI program will make one last attempt to contact the family and/or family physician to encourage follow-up.

Other screenings: next steps for re-screening

The following table provides guidance on next steps, depending on the results of the hearing re-screening.

If ...	Then ...
hearing re-screening results indicate a need for an evaluation to confirm a hearing loss,	the audiologist refers child to an ENT, and has a release signed by the parent for ENT to share results of evaluation. Discuss need/timing of referral to Early ACCESS (see Note below).
hearing re-screening results indicate “passing” or no hearing concerns	the audiologist provides contact information for future screening as needed.

Note. The referral to Early ACCESS can be made either before or after the confirmation evaluation, according to parent choice. See *EHDI PARENT TALKING POINTS* to explain parent choice of EHDI-EA evaluations.