

Guidance for Audiometric Screenings as a part of Speech-Language Evaluations

The Board believes that routine hearing screenings are a fundamental part of any speech-language evaluation and should be conducted as a part of the formal speech-language initial assessment when it is at all practical to do so. In circumstances where a recent screening (less than 1 year) or audiological evaluation has been completed by another source, in the absence of any noted hearing changes, the result should be taken into consideration during the evaluation. The practitioner should always consider the standard of care and make a recommendation for a referral to an audiologist when appropriate.

*The following statements are meant to serve as **best practice guidance** for licensees when conducting hearing screenings as a part of speech-language evaluations.*

- Speech-language pathologists conducting hearing screenings should have adequate and appropriate credentials and training and adhere to the guidelines set forth in 21 NCAC 64.0212.
- Audiometric screening tests may consist of traditional fixed-frequency, pure-tone audiometry; objective, technology-based hearing screening applications, (e.g., otoacoustic emissions, mobile application, etc.); or validated/normed self-report instruments. Any instrumented screening should follow manufacturer guidelines for administration, and equipment must be properly calibrated and maintained.
- Referrals for failure of screening shall be made to an audiologist or medical professional for appropriate follow-up. If a client fails a hearing screening, a recommendation should be made and documented for a full audiological evaluation. A failed hearing screen should be taken into consideration to include multi-modal stimuli presentation during any speech-language sessions that take place prior to the formal audiological evaluation and intervention as appropriate. If screening is deferred and cause for concern regarding hearing is present by the clinician, caregiver, client, teachers in educational settings, or others familiar with the patient, then a recommendation should be made for a repeat screening in a conducive environment or a full audiological evaluation and accommodations as mentioned above should be taken during evaluation and treatment sessions.
- It is recognized that in various settings and circumstances screening may not be possible due to medical, developmental, behavioral, or environmental barriers. In these circumstances, the provider should utilize their best clinical judgment as to the use of secondary procedures, based on information gathered in review of relevant health, medical and pharmacological history, clinical observations and caregiver reports to determine likelihood of hearing impairment and need for referrals.
- Access to care should not be denied or delayed due to lack of a hearing screening as stated above or as required by federal (e.g., Centers for Medicare & Medicaid Services) or institutional policy. If a hearing screening is unable to be completed by a speech-language pathologist prior to a speech-language evaluation, the speech-language pathologist must ensure that a patient's access to eligible speech-language services is not impacted by a delay in hearing screening and take appropriate measures as delineated above.