2. Does your child turn to look up when you call.

Yes/No

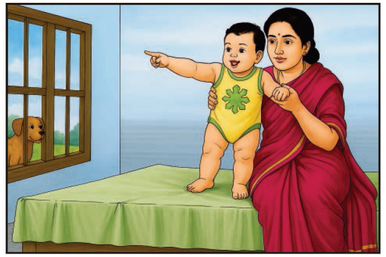
3. Does your child respond to simple commands/ queries such as come here, Do you want more etc.

Yes/No

12-18 Months

1. Does your child distinguish sounds such as door bell, and train/barking dog/automobile horn.

Yes/No



2. Does your child hear you when you call from another room.

Yes/No

NOTE :

Read each question and check. If majority of the answers are 'No' or if you suspect problem in hearing consult an Audiologist and Speech Pathologist.

Prepared under project:

Early Intervention to IUGR Children At risk for Developmental Delays

EARLY INTERVENTION SERIES

HEARING SCREENING CHECKLIST

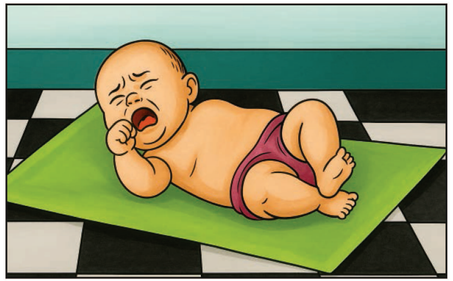
National Institute for the Empowerment of Persons with Intellectual Disabilities (Divyangjan)

Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment, Government of India
(An ISO 9001:2015 Institution)
Manovikas Nagar, Secunderabad 500 009. Telangana, INDIA
Phone: 040-27751741-745, Fax: 040-27750198
E-mail: dir-niepid@niepid.nic.in, website: www.niepid.nic.in

At Birth - 3 Months

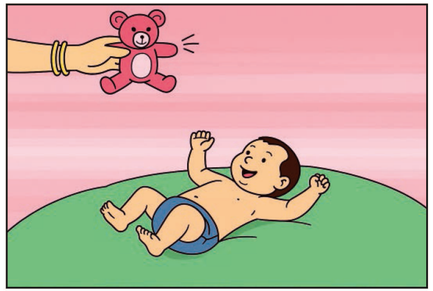
1. Does your child wake up at loud noises.
Yes/No.

2. Does your child startle or cry at loud sounds.
Yes/No.

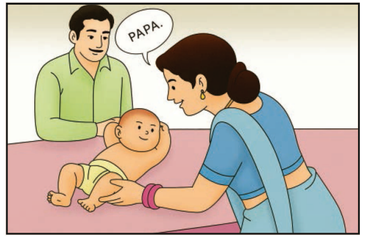


3-6 Months

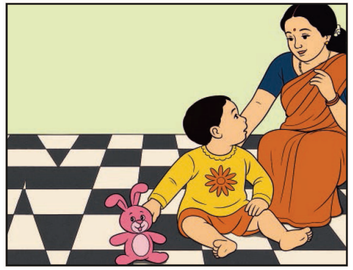
1. Does your child listen to soft sounds Yes/No.



2. Does your child seem to recognise mother's voice.
Yes/No



3. Does your child stop playing and appear to listen to sounds or speech. Yes/No.



4. does your child try to turn towards the speaker
Yes/No.

6-9 Months

1. Does your child respond to his/hername
Yes/No.

2. Does your child turn his/her head towards the side, where the sound is coming from.
Yes/No.

9-12 Months

1. Does your child search or look around when hearing new sounds. Yes/No.