



[www.hearourheart.org](http://www.hearourheart.org)

Dear Parents/Carers

The Hear our Heart Ear Bus Project will be visiting our school this year to deliver their free healthy ears program and targeted hearing testing to help our children achieve better learning outcomes. They are a project owned by the Dubbo District Parent Support Group for Deaf / Hearing Impaired. The group of dedicated local volunteers have been fundraising since 2012 to pay appropriate professionals to deliver the program. This year they will have their purpose built bus to do the testing in.

**Please return the permission note and checklist ASAP to your child's teacher if you would like your child to be part of the program. Children's ear health changes so quickly throughout the year** which can affect their learning. If we have the permission notes ready they can be tested at any time you or your child's teacher are concerned.

How the testing program works:

1. **EVERY** child at school is given a permission note for hearing screening, however not every child will need to be tested. WHY?  
The project prefers to send notes for every child to **help promote prevention and education of hearing loss** for all families, not just the ones who have ear problems as ear health changes so quickly.
2. **Not all children need to be tested each time.**  
When the notes are returned we will work with Hear our Heart to look at your child's medical history, your checklist and the teacher's checklist to **prioritise** and **target** the children who we feel need a test according to the checklists.

However, if you are concerned about your child's learning **at any stage throughout the year** please speak to their teacher-ear health changes from week to week.

3. The project returns every 3-4 months to monitor. They also provide access to a free Ear Specialist Clinic and diagnostic testing at Community Health sound proof booth throughout the year.
4. Permission notes remain current for 1 school year.

I encourage you to promote this worthy project when you can and if you are interested in joining their volunteers please contact them. They are not government funded and rely solely on partnerships, donations and volunteers.



Keep up to date with their progress on Facebook or by emailing to be placed on their monthly update mail out.

Contact their volunteer Directors Donna Rees and Rachel Mills; [directors@hearourheart.org](mailto:directors@hearourheart.org) 68848751

**PATRICIA HOWARD**  
Principal

# Hear our Heart Ear Bus Project Hearing Screening Permission note



About us- we are a local charity owned by Dubbo & District Parent Support Group for deaf and hearing impaired. We started to fundraise in February 2012 to bring healthy ears education and targeted hearing testing back into **schools**. Our **free** service relies totally on donations and volunteers and is for children in Public and Private Early Education Centres, Primary and High Schools in Dubbo and Districts. [www.hearourheart.org](http://www.hearourheart.org) Find us on Face book

### Child's Details

First Name:	Surname:	M / F
DOB:	Age:	Indigenous: Y / N
School:	Class:	Teacher:

### Parent / Guardian Details

Name:	Phone:
Address:	Mobile:

I \_\_\_\_\_ (Name of Parent/ Guardian) give consent for my child to have their hearing tested through the Hear Our Heart Ear Bus Project program. (Permission note remains current for 12 months)

- I agree for my child's results to be shared / discussed with the persons involved in my child's education and or health care to achieve the best outcome for my child.
- I agree for my child's photo to be taken and used to promote the Hear Our Heart Ear Bus Project at school in posters or the school Newsletter.
- I agree for my child's photo/ video to be taken and used to promote Hear Our Heart Ear Bus Project on social media sites including, but not limited, to Facebook, You tube or in presentations to highlight the outcomes of the program. I understand at **NO time** my child's personal information will be provided.

The **school** will follow up with you if further appointments are needed and no treatment is carried out at testing time. All information is confidential. If your child sees a Specialist we will forward your child's test to them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any concerns about your child's hearing/learning/behaviour? If yes please explain.	Y / N
Is there a family history of otitis media /ear infections? If yes please explain	Y / N
Is there family history <b>permanent</b> hearing loss at a <b>young</b> age? If yes please explain	Y / N

### Child's Medical History

The questions below are to help the Audiologist understand your child's health as some may have an effect on hearing loss

Is your child's immunisation up to date? <b>Yes / No</b>	Was your child given antibiotics at birth?	Y / N
Is your child exposed to cigarette smoke in the home?		Y / N
Was your child born very premature esp. twins? If yes please explain:		Y / N
Has your child accessed Early Intervention or Speech Therapy? If yes please explain:		Y / N
Has your child had any serious illness, head injuries, cleft palate or major operations? If yes please explain:		Y / N
Does your child have a developmental disability? If yes please explain		Y / N
Has your child had grommet surgery? If yes – please advise when. <b>Year:</b>		Y / N
<b>Name of Ear Specialist:</b>		
Name and type of any other Specialist that your child sees?		

**Volunteers from the Ear Bus Project may be assisting on testing day. They help to keep our free service running for your child. Please contact us if you would like to volunteer in any way. 68 848751**

# Conductive Hearing Loss

## Parent Checklist

Childs Name: \_\_\_\_\_

- Below are some indicators of hearing loss.
- Please **TICK** the box if your child shows these characteristics and leave **BLANK** if they don't.

Behavioural Identifiers			
It is <u>obvious</u> that your child watches your face to lip read		Aggressive to others - spontaneous and out of character	
Watches others to see what to do		Erratic behaviour– can be on/off	
Appears not to be listening on/off		Loses interest easily	
Often says "what" or "huh"		Poor socialisation skills	
Responds inappropriately or is slow to respond to instructions.		Gets confused or <b>mood changes</b> when there is <b>a lot</b> of noise or <b>sudden loud</b> noises	
Sits close to the TV, or has TV too loud		Doesn't like to join in with others	
Fidgets or easily distracted		Has separation anxiety	

Learning Identifiers			
Has learning difficulties		Demands a lot of attention at home	
Delayed language development			



#### Please remember that 'glue ear' comes and goes.  
Some may have symptoms some weeks/months but not the next.

## Physical Identifiers

<b>**Runny nose</b> —often or for long periods	Ooze from the ear
<b>**Constant nasal allergies</b> - this blocks the Eustachian tube as it swells shut	Complaining of sore ears and throat
<b>**Mouth breather</b> — easy indicator as when the nose is full you have to use the mouth to breathe!	Puts head to the side as if to shake fluid out
Re-occurring ear and chest infections	Redness around the ear ( <b>toddlers</b> )
Poor gross motor skills/ <b>difficulties with balance</b>	Rubbing or pulling of the ear ( <b>toddlers</b> )

## Speech Identifiers

Has trouble with <b>or</b> doesn't use: <b>s, p, t, f, th, sh</b>	Speech development below age
Speaks in very soft <b>or</b> very loud voice	Difficulty in understanding their speech

Please ✓ if there are known additional disabilities.

Vision

Downs Syndrome

Cleft Palate

Chromosome 23 Deletion

Mondeniez (skull shape)

Autism

**Please comment if there are other known diagnosed conditions or relevant information you would like to share.**

Has your child ever had meningitis? Yes / No

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