



9th February 2021



Dear Parents/Carers

www.hearourheart.org

The Hear our Heart Ear Bus Project will be visiting our school this year to deliver their healthy ears program and targeted hearing testing to help our children achieve better learning outcomes. They are a project owned by the local charity which started in 1997; 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. They have their purpose built bus to do the testing proudly donated by Sainsbury Automotive and expertly built by Alloy Welding Industries, Dubbo. We will be working hard this year to help fundraise to help this project to continue in our school.

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 as the notes remain current for 1 school year.

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 as ear health changes from week to week.
3. The project returns every 3-4 months to school to monitor. They also have a Community Day Clinic parents can book into anytime. Clinics are held in Dubbo, Wellington, Narromine/Trangie, Nyngan and in 2020 starting in Warren.
4. The project has access to a free Ear Specialist Clinic through the Department of Education Hearing Support Team. Let your child's teacher know if you need to use this clinic.

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 for staff and heavily rely 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 68848751

Patricia Howard - Principal



Permission Note for hearing testing



24 Erskine St. Dubbo. 68848751

About us - we are a local charity owned by Dubbo & District Parent Support Group for deaf and hearing impaired Inc. We started to fundraise in February 2012 to bring healthy ears education and targeted hearing testing **back into Public and Private Schools/Childcare** in Dubbo and Districts. Our service relies on donations and volunteers. Our Ear Bus is provided by Sainsbury Automotive and our staff are funded by the Walter & Eliza Hall Charitable Foundation. www.hearourheart.org



Child's Details

First Name:	Surname:	M / F
DOB:	Age:	Indigenous: Y / N Is English your child's first language Y / N
School/Childcare:	What days. (Childcare only)	Class: Teacher:

Parent / Carer Details

Name:	Phone:	Address:
Email:		

I give consent for my child to have their hearing tested through the Hear Our Heart Ear Bus Project program, which may include the Sound Scouts hearing check.

I give consent for the permission note to be VALID for the ENTIRE time that my child attends THIS school.

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, the school newsletter or the local newspaper.

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, YouTube or in presentations to highlight the outcomes of the program. I understand at **NO time** my child's personal information will be provided.

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

Parent/Carer signature:

Date:

Child's Medical History;

The questions below help the **Audiologist** to understand your child's health, as some may affect hearing loss.

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 a family member with a history of permanent hearing loss at a YOUNG age? If yes, please explain.	Y / N
Was your child born premature before 32 weeks or received treatment at birth for any reason, such as given gentamicin antibiotics at birth? If yes, please explain.	Y / N
Has your child had any developmental delay, significant health problems, or severe head injuries? If yes, please explain:	Y / N
Has your child accessed Early Intervention, such as Speech Therapy or Occupational Therapy? If yes, please explain.	Y / N
Has your child had any head, facial, or neck operations for any reason, such as cleft palate? If yes, please explain.	Y / N
Does your child have any syndrome that may be related to hearing loss, such as Downs, Pendred, or Usher syndromes? If yes, please explain.	Y / N
Has your child had ear surgery? If yes, when? Year: Name of Ear Specialist:	Y / N
Type of ear surgery;	
Does your family have Private Medical Insurance?	Y / N
Does your child see a Paediatrician, if so who and for what reasons?	
Is there any additional information you would like to add?	

Volunteers for the Ear Bus Project with a WWCC may be assisting on testing day. They help to keep our service running for your child. Please contact us if you would like to become a volunteer.

Parent/Carer Checklist

Childs Name: _____

- Below are some indicators of hearing loss for children ages 6 months to 18 years.
- Please **TICK** the box if your child shows these characteristics and return to your child's teacher. They may be able to help you to organise a hearing test.
- Please leave **BLANK** if they do not show characteristics. If you do not tick any boxes at all please **keep at home** for future reference.
- If you feel your child needs a hearing test phone Hear our Heart Ear Bus.

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 or switches off	
Often says "what" or "huh"		Poor socialisation skills	
Responds inappropriately or is slow to respond to instructions.		Gets confused or mood changes when there is a lot of noise or sudden loud noises	
During conversation responds with something totally off the topic		Sits close to the TV, or has TV and or music too loud (loud music common in teens)	
Doesn't like to join in with others		Has separation anxiety (toddlers)	
Fidgets or easily distracted			

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

Please remember;

- Up until age 9, 'glue ear' comes and goes. Some may have symptoms some weeks/months but not the next.
- In teenagers going through hormonal changes, sometimes sudden hearing loss can develop.





** Runny nose —often or for long periods	Ooze from the ear
** Constant nasal allergies - this blocks the eustachian tube as it swells shut	Poor gross motor skills/ difficulties with balance
** Mouth breather — 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 (toddlers)
Re-occurring ear and chest infections	Redness around the ear (toddlers)
Complaining of sore ears and throat	Rubbing or pulling of the ear (babies)
Feels like the ears are blocked	Leaning in to hear (teenagers)

Speech Identifiers

Difficulty in understanding their speech	Age a child should be able to say the sound
Speaks in very soft or very loud voice	
Speech development below age-see picture	

Conditions below (known to have indicators of hearing loss)			
Autism		Ushers Syndrome	Downs Syndrome
Cleft Palate			Cytomegalavirus (CMV)
Bacterial Meningitis (at what age?)			Treacher Collins Syndrome

- Was your child given GENTAMICIN type antibiotics in at birth? (Gentamicin is known to cause hearing loss). If yes please explain:

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

For more information on prevention & awareness see— www.hearourheart.org like us on facebook