

MEMORANDUM

UNITED STATES DEPARTMENT OF EDUCATION

Institute of Education Sciences
National Center for Education Statistics

To: Shelley Martinez, OMB
From: Gail Mulligan and Jill McCarroll, NCES
Through: Kashka Kubzdela, NCES
Date: August 9, 2012
Re: Change request to the *Early Childhood Longitudinal Study Kindergarten Class of 2010-11 (ECLS-K:2011) Spring First-Grade and Fall Second-Grade Data Collections* package (OMB# 1850-0750 v.10 approved 12/8/2011)

We are requesting a change to our *ECLS-K:2011 Spring 1st and Fall 2nd Grade Data Collections* package. Specifically, this is a request to replace the hearing evaluation results letter for parents in the original package with the version included in this request.

After the previously submitted letter was approved by OMB, ECLS-K:2011 study staff decided the information provided to parents may be more clear if presented in a different format. Study staff have worked with our hearing evaluation cosponsors and collaborators (staff at the National Center on Deafness and Other Communication Disorders (NIDCD) and the National Institute for Occupational Safety and Health (NIOSH)) to make the hearing evaluation results letter for parents more accessible and reader-friendly. The revised letter still contains necessary technical terms (e.g., “audiologist”) in order to keep the information about the results fully accurate, but has enhanced readability.

This request has no associated change in respondent burden.

Both the original hearing evaluations results letter and the requested revision are included below.

Hearing Evaluations Results Letter:

Approved Letter Included in Original OMB Package



[DATE]

PARENT'S NAME
 PARENT'S ADDRESS
 CITY, ST, ZIP

RE: CHILD'S NAME

Dear <Parent(s)' name>,

<Child's name> had <his/ her> hearing evaluated by a trained health technician on <date> as part of the Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011). This letter reports the results of the evaluation.

The softest sounds a person can hear are called hearing thresholds. <Child's name>'s thresholds at the different frequencies (pitches) that were tested are reported in the table below. Thresholds towards the left of the table are for lower-pitched sounds and thresholds toward the right are for higher-pitched sounds. Smaller thresholds mean quieter sounds, and therefore indicate better hearing. Values of 20 decibels (dB) or less are considered normal hearing in children.

Hearing Thresholds by Ear and Frequency (Pitch)

	Frequency (Hz)					
	1000	2000	3000	4000	6000	8000
Right Ear (dB HL)						
Left Ear (dB HL)						

Print legend only if "****" or "NRS" appears in table

* * * = threshold not tested
 NRS = no response at limits of equipment

[IF RESULTS ARE THE SAME IN BOTH EARS]Results <text from audiometry table or "indicate that <child's name>'s hearing is within normal limits in both ears" or "could not be obtained for several of the sounds we tested in either ear">. [IF RESULTS ARE DIFFERENT IN EACH EAR]Results <text from audiometry table or "indicate that <child's name>'s hearing is within normal limits" or "could not be obtained for several of the sounds we tested"> in <his/ her> right ear and <text from audiometry table or "indicate that <child's name>'s hearing is within normal limits" or "could not be obtained for several of the sounds we tested"> in <his/ her> left ear. [IF INSUFFICIENT THRESHOLDS IN EITHER EAR] Failure to obtain results typically happens because there was not enough time for the entire evaluation or the room was too noisy to complete the evaluation.

[PHYSICIAN'S REFERRAL A – printed for children with hearing loss in either ear]
 The hearing test we conducted for the ECLS-K:2011 can identify possible hearing problems but cannot determine the cause of those problems. Please note that testing conditions in your child's school may have affected the results, and that the results of our evaluation do not replace those that you would receive during a full hearing examination by a medical professional. If you have not already done so, we recommend that you see your child's doctor or other health professional regarding a hearing evaluation. You may wish to take this letter to the doctor or other health professional.

[PHYSICIAN'S REFERRAL B – printed for children with insufficient thresholds to calculate results in either ear, **unless** PHYSICIAN'S REFERRAL A is printed]

Endorsed by:

- American Association of School Administrators
- American Federation of Teachers
- American Montessori Society
- Council for American Private Education
- Council for Exceptional Children
- Council of Chief State School Officers
- International Reading Association
- Lutheran Church-Missouri Synod
- National Association for the Education of Young Children
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Please note that testing conditions in your child's school may have affected the results, and that the results of our evaluation do not replace those that you would receive during a full hearing examination by a medical professional. If you have any concerns about your child's hearing, we recommend that you see *<his/her>* doctor or other health professional regarding a hearing evaluation.

If you or your health care provider have questions about *<child's name>*'s hearing test, please contact Christa Themann, MA, CCC-A, the certified audiologist supervising the ECLS-K:2011 hearing component, at 513-533-8485 or CLT6@cdc.gov.

If you would like further information on hearing loss and its effects, prevention, treatment, or rehabilitation, please contact the National Institute on Deafness and Other Communication Disorders (NIDCD) at 800-241-1044 or visit them on the web at www.nidcd.nih.gov. NIDCD is the sponsor of the hearing evaluations included in the ECLS-K:2011

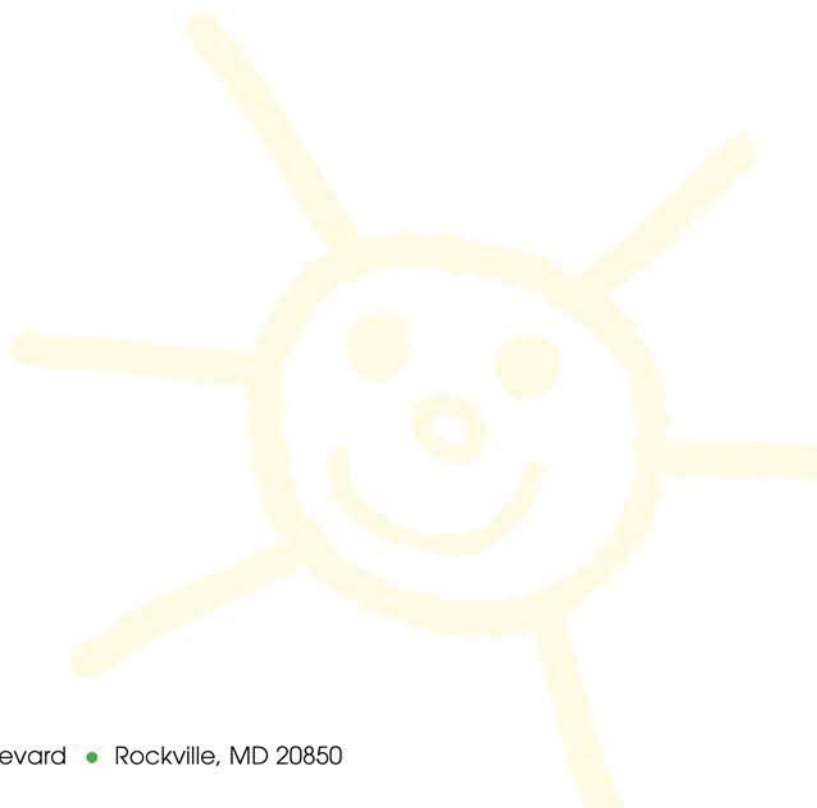
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INSTRUCTIONS FOR FILLS FOR HEARING RESULTS LETTER

1. Insert audiometric thresholds into the appropriate cells in the table.
 - a) If there was no response at the limit of the audiometer for a particular frequency, insert “NRS” into that cell and print the NRS legend below the table.
 - b) If a threshold could not be obtained, insert “***” into that cell and print the “***” legend below the table.
 - c) If a threshold is less than or equal to the minimum testable threshold reported by the noise monitoring system for that threshold, insert “***” into that cell and print the “***” legend below the table.

2. Insert appropriate text into results letter.
 - a) If hearing is normal for a given ear, insert “indicate that <child’s name>’s hearing is within normal limits” in the RESULTS paragraph.
 - b) If hearing is not completely within normal limits for a given ear, insert the text from the audiometry results table given below. Print the PHYSICIAN’S REFERRAL A paragraph following the RESULTS paragraph.
 - c) If there are insufficient thresholds to provide results for a given ear, insert “could not be obtained at all frequencies” in RESULTS paragraph and add the INSUFFICIENT THRESHOLDS sentence at the end of the RESULTS paragraph. Print the PHYSICIAN’S REFERRAL B paragraph following the RESULTS paragraph, **unless** the PHYSICIAN’S REFERRAL A paragraph will be printed as indicated in (b) above.

If any threshold exceeds 20 dB HL in a given ear, calculate the average threshold for the frequencies 1000, 2000, 3000, and 4000 Hz. Based on this pure tone average, results are provided in the table below:

PTA: PURE TONE AVERAGE (1000, 2000, 3000, 4000 Hz)			
PTA < 20	20 ≤ PTA < 35	35 ≤ PTA < 50	50 ≤ PTA
indicate a slight hearing loss, which would probably not cause <child’s name> much difficulty,	indicate a mild hearing loss, which may cause <child’s name> to miss some speech sounds,	indicate a moderate hearing loss, which can cause <child’s name> to have difficulty hearing speech,	indicate a serious hearing loss, which can cause <child’s name> to have significant trouble hearing speech and other sounds,

NOTE: If a threshold is given as NRS (no response), use the following values as the threshold in calculating the frequency average:

1000-6000 Hz: 105 dB
8000 Hz: 85 dB

NOTE: If results are the same in both ears, the results can be reported together, as indicated in the letter.

Hearing Evaluations Results Letter:

Requested Revision



ECLS-K:2011 HEARING EVALUATION REPORT

STUDENT NAME:

<Child's first name> <Child's last name>

DATE OF HEARING EVALUATION:

<date of hearing evaluation >

The Early Childhood Longitudinal Study – Kindergarten Class of 2010-11 (ECLS-K:2011) conducted hearing evaluations on some children this fall. <Child's first name> received this hearing check at school on <date>.

[RESULTS A – for children with sufficient thresholds to produce a summary report]
Results of the hearing check <text from audiometry table or “show that <child's first name>'s hearing is within the expected range, meaning that <child's first name> was able to hear sounds that children with normal hearing can hear”>. Details about <child's first name>'s hearing check are provided on the attached page. Please note that we may not have been able to check all of the sounds during <child's first name>'s evaluation. If some sounds were not checked, it is likely because there was not enough time or the room was too noisy to complete the entire evaluation.

[RESULTS B – for children with insufficient thresholds to produce a summary report]
Unfortunately, we cannot summarize the results of <child's first name>'s hearing check because we were not able to obtain results for enough sounds to draw conclusions about <child's first name>'s hearing. This likely happened because there was not enough time or the room was too noisy to complete the evaluation. Details about results we could obtain are provided on the attached page.

[PHYSICIAN'S REFERRAL TEXT A – for children with any threshold > 15 dB HL]
The ECLS-K:2011 hearing evaluation can identify possible hearing problems but cannot determine the cause of those problems. While our study staff attempted to do the hearing check in a quiet location, the testing conditions in the school may have affected the results. This evaluation does not replace a full hearing examination by a medical professional. If you have not already done so, we recommend that you talk to your child's doctor or other health professional about scheduling a complete hearing evaluation. You may wish to take this report with you to the doctor or other health professional.

[PHYSICIAN'S REFERRAL B –for all other children]
While our study staff attempted to do the hearing check in a quiet location, the testing conditions in the school may have affected the results. This hearing check does not replace a full hearing examination by a medical professional. Please talk to your child's doctor or other health professional about a complete hearing evaluation if you have any concerns about <child's first name>'s hearing.

The ECLS-K:2011 hearing evaluations were overseen by certified audiologists at the Centers for Disease Control and Prevention (CDC). If you have any questions about this hearing evaluation, please contact the ECLS-K:2011 audiology team at 513-533-8485 or CLT6@cdc.gov.

The National Institute on Deafness and Other Communication Disorders (NIDCD) sponsored the hearing evaluations included in the ECLS-K:2011. The NIDCD is part of the National Institutes of Health, the nation's medical research agency. For further information on hearing loss and its effects, prevention, treatment, or rehabilitation, please contact the NIDCD at 800-241-1044 or visit www.nidcd.nih.gov.

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ECLS-K:2011 HEARING EVALUATION REPORT (continued)

STUDENT NAME:

<Child's first name> <Child's last name>

DATE OF HEARING EVALUATION:

<date of hearing evaluation >

Detailed Report

The softest sounds a person can hear are called thresholds. The ECLS-K:2011 hearing evaluation checked thresholds at several different pitches, measured in Hertz. Some of the sounds had a lower pitch (such as 2000 Hertz, about the pitch of a watch ticking), and some of the sounds had a higher pitch (such as 8000 Hertz, about the pitch of birds chirping).

Thresholds are measured in decibels. The threshold tells how loud each sound had to be for <child's first name> to be able to hear it. When thresholds are smaller, that means your child can hear quieter sounds, which indicates better hearing. Threshold values that are more than 15 decibels (about as loud as a breeze blowing through the leaves of a tree) indicate possible hearing difficulty in children.

<Child's first name>'s results are shown in the table below. Thresholds towards the left of the table (for example, 2000 Hertz) indicate how well your child can hear lower-pitched sounds and thresholds toward the right (for example, 8000 Hertz) indicate how well your child can hear higher-pitched sounds. Thresholds **in bold** indicate hearing levels that are higher than what is expected for children and may need further evaluation.

<Child's first name>'s Thresholds by Ear and Pitch

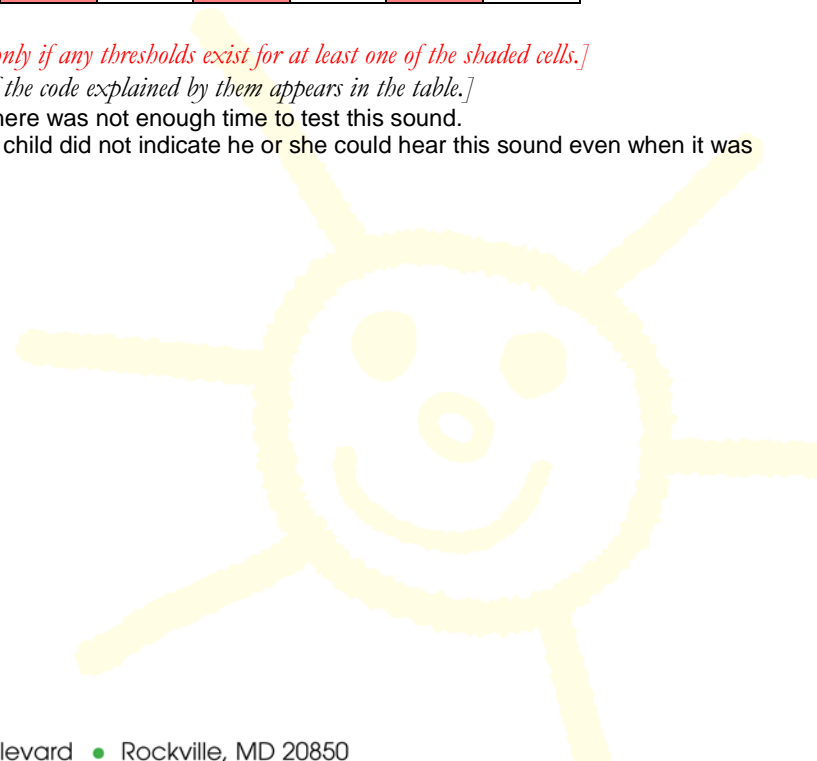
	Pitch of Tested Sound (Hertz)							
	(lower)	1000	2000	3000	4000	6000	8000	(higher)
Right Ear Threshold								(decibels)
Left Ear Thresholds								(decibels)

[Include shaded columns in table only if any thresholds exist for at least one of the shaded cells.]

[Print the following legends only if the code explained by them appears in the table.]

*** = It was too noisy or there was not enough time to test this sound.

NRS = No Response. Your child did not indicate he or she could hear this sound even when it was very loud.



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1. Insert child's first and last names and test date in appropriate fields in the header and report.
2. Determine if sufficient thresholds are available to report summary results.
 - a) Check each ear for sufficient thresholds to calculate a threshold average.

Available thresholds are defined as one of the following:

- i. A threshold greater than its corresponding minimum testable threshold reported by the noise monitoring system
 - ii. An NRS (no response) threshold
- b) For each ear in which two or more thresholds are available among the frequencies 1000, 2000, 3000, and 4000 Hz, calculate the threshold average of the available thresholds at those frequencies.

NOTE: Use the 105 dB for NRS thresholds when calculating the frequency average:

- c) If a threshold average can be calculated for at least one ear, a results summary will be reported. Follow the instructions provided in #3, below
 - d) If a threshold average cannot be calculated for either ear, a results summary will not be reported. Follow the instructions provided in #4 below.
3. RESULTS A – for children with sufficient thresholds to produce a summary report.

Insert appropriate results text into the RESULTS A paragraph of the evaluation report.

- a) If all available thresholds (at any tested frequency) are ≤ 15 dB HL in both ears, insert "show that *<child's first name>*'s hearing is within normal limits" in the RESULTS A paragraph.
- b) If any available threshold (at any tested frequency) is > 15 dB HL in either ear, insert the text from the audiometry results table given below in the RESULTS A paragraph. If sufficient thresholds are available to calculate a frequency average for both ears, use the poorer (i.e., larger) threshold average to select the appropriate text.

PTA: PURE TONE AVERAGE (1000, 2000, 3000, 4000 Hz)			
PTA < 20	$20 \leq \text{PTA} < 35$	$35 \leq \text{PTA} < 50$	$50 \leq \text{PTA}$
show a slight hearing loss which would probably not cause <i><child's first name></i> much difficulty,	show a hearing loss which may cause <i><child's first name></i> to miss some speech sounds,	show a hearing loss which could cause <i><child's first name></i> to have difficulty hearing speech,	show a hearing loss which could cause <i><child's first name></i> to have significant trouble hearing speech and other sounds,

4. RESULTS B – for children with insufficient thresholds to produce a summary report.

Insert the RESULTS B paragraph of the evaluation report.

5. Print the appropriate PHYSICIAN'S REFERRAL text in the evaluation report.

- a) If any available threshold (at any tested frequency) is > 15 dB HL in either ear, print PHYSICIAN'S REFERRAL TEXT A.
- b) For all other children, print PHYSICIAN'S REFERRAL TEXT B.

6. Print the Hearing Thresholds table in the detailed evaluation report.

- a) If at least one threshold exists at 1000, 3000, or 6000 Hz in either ear, print the larger results table in report, as shown below:

<Child's first name>'s Thresholds by Ear and Pitch

	Pitch of Tested Sound (Hertz)							
	<i>(lower)</i>	1000	2000	3000	4000	6000	8000	<i>(higher)</i>
Right Ear Thresholds								(decibels)
Left Ear Thresholds								(decibels)

- b) If no thresholds exist at 1000, 3000, or 6000 Hz in either ear, print the shorter results table in the report, as shown below:

<Child's first name>'s Thresholds by Ear and Pitch

	Pitch of Tested Sound (Hertz)				
	<i>(lower)</i>	2000	4000	8000	<i>(higher)</i>
Right Ear Thresholds					(decibels)
Left Ear Thresholds					(decibels)

- c) Insert audiometric thresholds into the appropriate cells in the table.

- i. If there was no response at the limit of the audiometer for a particular frequency, insert "NRS" into that cell and print the NRS legend below the table.
- ii. If a threshold could not be obtained, insert "***" into that cell and print the "***" legend below the table.
- iii. If a threshold is less than or equal to the minimum testable threshold reported by the noise monitoring system for that threshold, insert "***" into that cell and print the "***" legend below the table.