## Three-Pronged Approach (TPA)

## Summary Form Addressing Vision and Hearing Concerns

I. PARENT/CAREGIVER INTERVIEW
A. The parent/caregiver has concerns about the child's vision and/or hearing at this time:   No  Yes If yes, the concern is related to the child's:
☐ Vision ☐ Hearing ☐ Speech/Language (need to rule out hearing loss)
B. Describe the concerns regarding the child's hearing or vision skills development:
C. Note factors in family or medical history that might indicate higher risk for hearing/vision concerns:
Results of Final Newborn Hearing Screening: Pass Did not pass/Refer Missed/not done Unknown Results of prior evaluation by eye care professional, optometrist or ophthalmologist:

II. DEVELOPMENTAL SKILLS CHECKLIST (Describe any skills of concern for child's age)		III. OBSERVATIONS (Describe observations that might indicate higher risk			
A. Vision Related	•		for vision/hearing concerns)		
B. Hearing Related					
FOLLOW-UP PLAN					
Child was referred to ESIT with prior diagnosis: ☐ Deaf/Hard of Hearing (DHH) ☐ Blind/Low Vision (BLV) ☐ Deafblind (DB) (and) Family was referred to appropriate specialty services as documented in the IFSP: ☐ DHH ☐ BLV ☐ WSDS/DB consultation .					
☐ 1. We have no concerns regarding the child's vision or hearing at this time, based on results of the TPA.					
☐ 2. We have identified high risk factors, signs, and/or observations for: ☐ Vision ☐ Hearing <u>Note:</u> These concerns and a follow-up plan will be addressed in the IFSP. Action taken and results will be discussed at the six-month review.					
☐ Follow-up option recommended:					
Referral for further evaluation by a pediatric ophthalmologist/optometrist □, or pediatric audiologist □, following approval of primary care physician if needed.					
Parent/Caregiver	 Date	FRC/ Ser	vice Provider	l Date	
Copy to: Primary Care Provider, parent, file					
Child's Name:		Birthdat	e:		
Parent/Caregiver:		Phone:			
FRC/Service Provider:		Primary	Care Physician:		

The *Three-Pronged Approach* was developed by **Washington Sensory Disabilities Services** for ESIT For more information, go to <a href="www./wsds.wa.gov">www./wsds.wa.gov</a> and select: "Request Support"