

# 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:

<b>II. DEVELOPMENTAL SKILLS CHECKLIST</b> (Describe any skills of concern for child's age)  A. Vision Related                          B. Hearing Related	<b>III. OBSERVATIONS</b> (Describe observations that might indicate higher risk for vision/hearing concerns)
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**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 **Note:** 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.

<b>Parent/Caregiver</b>	<b>Date</b>	<b>FRC/ Service Provider</b>	<b>Date</b>
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Copy to: Primary Care Provider, parent, file

Child's Name:		Birthdate:	
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 [www.wsds.wa.gov](http://www.wsds.wa.gov) and select: "Request Support"