Minimal Hearing Loss

Minimal Hearing Loss is Not Always So Minimal
Mild, High Frequency and Unilateral Hearing Losses

Hearing loss is the most common congenital condition, affecting 1 to 3 children per 1,000 live births.

Minimal hearing loss includes mild, high frequency and unilateral hearing losses. The presence of a hearing loss may be determined through audiometric testing, which assesses both how loud a sound needs to be to hear it (recorded in decibels) and at what pitch/frequency (from low to high/recorded in hertz). Results may be plotted on a graph known as an audiogram. The degree of hearing loss may be referred to as being mild, moderate, severe or profound loss.

Evidence suggests that although most schools conduct hearing screenings, permanent mild bilateral and unilateral hearing loss general remain undetected, unless concerted efforts at identification are undertaken. Although most states undertake newborn hearing testing, typically it is those children with greater than 35-40 decibel hearing losses that are being identified during this process. Since mild bilateral and unilateral hearing losses might not be included in a state’s list of conditions that qualify a child for services, it is difficult for young children to receive early intervention services until they demonstrate a measurable developmental delay.

Typically, a mild hearing loss is defined as a bilateral loss anywhere between 15-25 decibels and 35-45 decibels, within three or four frequency ranges (from 500-4,000 hertz). A high frequency hearing loss is a loss of three frequencies above 4,000 hertz. The prevalence of a mild hearing loss in school age children is estimated to range from 10 to 15 per 1,000. This does not account for those children who experience a chronic mild hearing loss as a result of ongoing ear infections which can produce a mild hearing loss.

A unilateral hearing loss (UHL) is typically defined as a loss in one ear of any degree (mild to profound). The prevalence of a unilateral hearing loss in school age children is estimated to be 30-56 per 1,000.

Continued on Next Page
Minimal Hearing Loss - Page 2

Educational Implications of Minimal Hearing Loss
• Difficulty hearing in noisy environments (which most classrooms tend to be).
• Problems hearing faint or distant speech, subtle conversational cues, tracking fast passed conversations, and following classroom discussions.
• Difficulty hearing word-sound distinctions (phonological awareness, morphological markers for plurality, tense and possessiveness).
• Missed opportunities for incidental learning.
• Difficulty localizing sounds (with a unilateral hearing loss).
• Problems with listening and doing a task at the same time.
• Experiencing fatigue.
• Falling behind in reading comprehension.
• Falling behind on language performance test (especially if the right ear is affected).
• Likely to have lower scores on intellectual testing.
• At risk for speech/language delays.
• At risk for failing at least one grade in school (children with a unilateral loss are 10 times more likely to fail a grade than a child with normal hearing).
• Experiences social-emotional difficulties which can impact classroom participation. Although speech may be audible, it is not also understandable (depending upon the listening environment). Some research studies have found that 27% of these children had feelings of embarrassment and inferiority. Other research showed that 20% of children with UHL were judged by their teachers to have behavioral problems. Others may misinterpret the child’s difficulties and perceive the child as being inattentive, disinterested or aloof. If a child is having to make a constant effort to listen and is not able to understand what is being said, the child many feel insecure or left out of conversation, causing them to withdraw and possibly lead to behavior problems and poor peer interactions.

Recommendations
• Provide early identification and intervention.
• Assess the impact of the student’s particular type of hearing loss and consider what type of accommodations may be helpful in the classroom. Use of preferential seating (in front with best ear toward teacher/classroom) may be helpful but is not always the best solution as the child all of the time, as the child may miss conversation from behind. Allow the child to move around the classroom to hear/see the speaker.
• Avoid turning your back to write on the board or covering your mouth while talking.
• Rephrase what you said if the student does not understand rather than repeating the same words over and over again.
• Use as many verbal cues as possible. Take time to explain things. Give contextual clues - a written word, object or picture to set the stage or to help follow a subject change.
• Write key words of an idea or lesson on the board.
• Assignments should be written on the board so students can copy them.
• Assign a helper/note taker for the student if necessary.
• Even though loss may be considered mild, discuss possible use of amplification with an audiologist.
• Consider the use of an FM system or sound field system. These have been shown to be very helpful to the student with a hearing loss as well as others in the classroom.
• Provide auditory listening and speech language intervention.
• Complete audiological monitoring, especially important in light of a tendency for the loss to be progressive.
• Complete functional auditory monitoring to more closely monitor the student’s hearing.
• Provide parental and teacher education to enhance their understanding of the impact of the loss and helpful accommodations.

References
Mild and Unilateral Hearing Loss in Children <www.asha.org>
Minimal Hearing Loss is Not Minimal, Teaching Exceptional Children (July/August 2002)