Birth to three months:
• Jumps or blinks to loud sounds
• Wakes up to loud sounds
• Quiets when he or she hears mom’s voice

Three months to six months:
• Turns eyes or head to search for the sound source
• Responds to your voice even when you cannot be seen
• Enjoys toys that make sounds
• Starts babbling

At six months:
• Responds to his or her name
• Turns head to the direction of the sound source
• Begins to imitate speech sounds

At ten to twelve months:
• Understands and follows simple directions
• Gives a block or toy to you when asked for it without pointing
• Imitates speech sounds of others

At thirteen to eighteen months:
• Follows simple one step directions
• Uses 3-20 single words
• Points to 1-3 body parts when asked

At nineteen to twenty-four months:
• Understands approximately 300 words
• Puts two words together (“eat cookie”) by 24 months of age
• Points to five body parts
• Responds to “yes” or “no” questions
RISK FACTORS FOR DELAYED OR LATE-ONSET HEARING LOSS

Universal Newborn Hearing Screening, Diagnosis, and Intervention

Joint Committee on Infant Hearing 2007 Guidelines

1. Parent concern regarding their baby's hearing.
2. A child with a family history of permanent childhood hearing loss.
3. A child with or without risk factors admitted to the Neonatal Intensive Care Unit (NICU) for more than 5 days.
4. A child exposed to certain infections.
5. A child with ear problems to include ear tags, ear pits, and ear bone problems.
6. A child with an infection linked to permanent hearing loss such as meningitis.
7. A child with a serious head injury that required a stay in the hospital.
8. A child who has received chemotherapy.

Concerned parents should talk to their baby's doctor.

Infants who pass the newborn hearing screening but have one of the risk factors listed above should have at least one diagnostic hearing evaluation to include Auditory Brainstem Response (ABR) testing by 24 to 30 months of age.