

Date:
Student:
Proctors:

Calibration

Hold the headset in one hand while presenting tone or masking noise to ensure function -Left /Right	/1
Hold the Bone Oscillator in one hand while presenting tone to ensure function -Left /Right	/1
Check the microphone and response button (if applicable)	/1
Sanitize all items compromised after sound check.	/3

Case History

Surgery, Ear Infections, Medications, Trauma, Pain	/5
Tinnitus, Vertigo, Nausea, draining Ear, sudden or gradual hearing loss	/5
Noise exposure - Work related or recreational	/1
Identify Better Ear	/1

Otoscopy

	Best Ear	Poor Ear
Instruct Client	/1	
Inspect external Pinna, Check for collapsing canals	/1	/1
Braced for movement while looking in the ear	/3	/3
Record observations on the audiogram. wax/ cone of light/ canal shape/ shallow canals...etc	/1	/1

Tympanometry/ Acoustic Reflexes (Otoscopy/Case history must be completed prior)

	Best Ear	Poor Ear
Otoscopy - Determine correct tip size	/1	/1
Instruct client - Sit still, no talking. Expectation of pressure and loudness.	/1	
Braced while completing test	/3	/3
Do not remove probe tip while seal exists - painful for your client!	/3	/3
Obtain accurate results for Tympanometry	/1	/1
Obtain accurate results for Acoustic Reflexes	/1	/1
Results are correct and recorded correctly	/2	
	/50	

Most Comfortable Level (MCL)

		Best Ear	Poor Ear
Provide instructions at audible volume	/1		
Initiate test at or above 50dB		/1	/1
Use cold running speech in a clear and gradual manner		/1	/1
Present one step above and one step below to confirm result when possible.		/1	/1
Monitor /Regulate voice with VU meter. (Monotone)		/1	/1
Results are correct and recorded correctly (must match Proctors)		/1	/1

Uncomfortable Level (UCL)

		Best Ear	Poor Ear
Instruct the client at audible level (Ideally at MCL) -BEFORE increasing volume!	/1		
Initiate test at MCL	/1		
Use cold running speech in a clear and gradual manner	/1		
Observe client for reactions.	/1		
Monitor /Regulate voice with VU meter.(Monotone)	/1		
When client indicates, Turn stimulus down immediately - Do not attempt conversation at this level!	/3		
Obained UCL correctly	/1		
Results are correct and recorded correctly (must match Proctors)		/1	/1

****Do not confirm one step above the client's indicated tolerance level.**

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Air Conduction

Instruct the client at audible level (Ideally at MCL)	/1
Correctly position the headset on the client	/1
Test better ear first	/1
Frequencies tested in acceptable order - refer to text or study guide.	/1
Tester's hand movements not visible	/1
Recheck 1000Hz (first ear only required)	/1

	Best Ear	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz	1000Hz	500Hz	250Hz
Initial presentation of stimulus is 20dB above previous threshold or 30dB.		/1	/1	/1	/1	/1	/1	/1	/1	/1
Use correct Bracketing method (down 10/ up 5)		/1	/1	/1	/1	/1	/1	/1	/1	/1
Confirm thresholds 3 out of 3 times		/1	/1	/1	/1	/1	/1	/1	/1	/1
Avoid rhythmic presentation		/1	/1	/1	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.		/1	/1	/1	/1	/1	/1	/1	/1	/1
Threshold is correct and recorded correctly -symbol and location (must match Proctors)		/2	/2	/2	/2	/2	/2	/2	/2	/2
		/7	/7	/7	/7	/7	/7	/7	/7	/7

	Poor Ear	1000Hz	2000Hz	3000Hz	4000Hz	6000Hz	8000Hz	500Hz	250Hz
Initial presentation of stimulus is 20dB above previous threshold or 30dB.		/1	/1	/1	/1	/1	/1	/1	/1
Use correct Bracketing method (down 10/ up 5)		/1	/1	/1	/1	/1	/1	/1	/1
Confirm thresholds 3 out of 3 times		/1	/1	/1	/1	/1	/1	/1	/1
Avoid rhythmic presentation		/1	/1	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.		/1	/1	/1	/1	/1	/1	/1	/1
		/5	/5	/5	/5	/5	/5	/5	/5
	/109								

Recognized need for Masking	/1	/1	/1	/1	/1	/1	/1	/1	/1
Instructed client without using the term "masking"	/1								
Started masking at appropriate intensity (Recognized Formula)	/1	/1	/1	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.	/1	/1	/1	/1	/1	/1	/1	/1	/1
Delay presenting stimulus for at least one second after increasing masking noise	/1	/1	/1	/1	/1	/1	/1	/1	/1
Established a 15 dB plateau within Effective Masking or Masking Dilemma identified.	/2	/2	/2	/2	/2	/2	/2	/2	/2
Turned down masking noise immediately	/1	/1	/1	/1	/1	/1	/1	/1	/1
Thresholds are correct and recorded correctly -symbol and location (must match Proctors)	/2	/2	/2	/2	/2	/2	/2	/2	/2
Plateau achieved correctly or Masking Dilemma recorded correctly on Audiogram (must match Proctors results)	/2	/2	/2	/2	/2	/2	/2	/2	/2
		12	/11	/11	/11	/11	/11	/11	/11

****Plateaus must be written on audiogram or no marks will be given for masking.**

Speech Reception Threshold

		Best Ear	Poor Ear
Instruct the client at audible level (Ideally at MCL) on repeating words.	/1		
Tested Better ear first	/1		
Used correct word list		/1	/1
Used correct Bracketing method (down 10/ up 5)		/1	/1
Confirm thresholds 3 out of 3 times		/1	/1
SRT is achieved correctly		/1	/1
Recognized need for masking			/1
Instruct client regarding masking			/1
Established a 15 dB plateau within Effective Masking			/3
Turned down masking noise immediately			/1
Threshold is correct and recorded correctly (must match Proctors)		/1	/1
Plateau is correct and recorded correctly - (must match Proctors)			/2
		/20	

Word Recognition

		Best Ear	Poor Ear
Instruct the client at audible level (Ideally at MCL) asking to repeat words	/1		
Recognized need for masking		/1	/1
Presentation level is at MCL		/1	/1
Monitor /Regulate voice with VU meter. (Monotone)		/1	/1
Used correct word list and carrier phrase		/2	/2
Demonstrated correct procedure		/2	/2
Instruct client regarding masking		/1	/1
masking was presented at PL-20 and recorded		/1	/1
Presentation level and % score are correct and recorded correctly on Audiogram		/2	/2

****Masking WR when unnecessary is permitted, however additional marks will not be awarded.**

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Bone Conduction

Instruct the client at audible level (Ideally at MCL)							/1
Correctly position the bone oscillator on the mastoid							/1
Test better ear first							/1
Frequencies tested in acceptable order							/1
Tester's hand movements not visible							/1
	Best Ear	1000Hz	2000Hz	3000Hz	4000Hz	500Hz	250Hz
Initial presentation is at 10dB above AC threshold of the same Hz or 30dB (whichever is greater)	/1	/1	/1	/1	/1	/1	/1
Use correct Bracketing method (down 10/ up 5)	/1	/1	/1	/1	/1	/1	/1
Confirm thresholds 3 out of 3 times	/1	/1	/1	/1	/1	/1	/1
Avoid rhythmic presentation	/1	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.	/1	/1	/1	/1	/1	/1	/1
Correctly achieved threshold	/2	/2	/2	/2	/2	/2	/2
Results recorded correctly -symbol and location (must match Proctors)	/2	/2	/2	/2	/2	/2	/2
	/9	/9	/9	/9	/9	/9	/9
	Poor Ear	1000Hz	2000Hz	3000Hz	4000Hz	500Hz	250Hz
Initial presentation is at 10dB above AC threshold of the same Hz or 30dB (whichever is greater)	/1	/1	/1	/1	/1	/1	/1
Use correct Bracketing method (down 10/ up 5)	/1	/1	/1	/1	/1	/1	/1
Confirm thresholds 3 out of 3 times	/1	/1	/1	/1	/1	/1	/1
Avoid rhythmic presentation	/1	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.	/1	/1	/1	/1	/1	/1	/1
Correctly achieved threshold	/2	/2	/2	/2	/2	/2	/2
	/7	/7	/7	/7	/7	/7	/7
	/101						

	1000Hz	2000Hz	3000Hz	4000Hz	500Hz	250Hz
Recognized need for Masking	/1	/1	/1	/1	/1	/1
Instructed client without using the term "masking"	/1					
Started masking at appropriate intensity	/1	/1	/1	/1	/1	/1
Hold tone for one full second presentation or 3 consecutive beeps.	/1	/1	/1	/1	/1	/1
Occlusion Effect added where appropriate	/1				/1	/1
Delay presenting stimulus for at least one second after increasing masking noise	/1	/1	/1	/1	/1	/1
Established a 15 dB plateau within Effective Masking or Masking Dilemma identified.	/2	/2	/2	/2	/2	/2
Turned down masking noise immediately	/1	/1	/1	/1	/1	/1
Threshold is correct and recorded correctly -symbol and location (must match Proctors)	/2	/2	/2	/2	/2	/2
Plateau achieved correctly or Masking Dilemma recorded correctly on Audiogram (must match Proctors results)	/2	/2	/2	/2	/2	/2
**Plateaus must be written on audiogram or no marks will be given for masking.	/13	/11	/11	/11	/12	/12
	/70					

Electroacoustic Analysis Calibration

Plug in HAT coupler	/1
Ensure mic and coupler are aligned for calibration	/1
Calibrate, obtaining a correct curve. **No printing required	/1

Real Ear Calibration

Plug in REM module	/1
Place probe on mic between pegs for calibration.	/1
Hold reference mic 20-40 cm away from speaker at proper height/degree	/1
Calibrate	/1

Real Ear Measurement -Unaided only - one ear

Enter Audiogram (a flat 30 is sufficient)	/1
Position equipment with proper distance of client	/1
Otosopic inspection - checking canal shape, length and wax barriers	/3
Instruct the client	/1
Tighten loop around Pinna, clip cord to clients collar to position ref mic correctly	/1
Place probe tube in ear canal	/1
Otosopic recheck for proximity to Tympanic membrane.	/3
Run unaided curve, resulting in peak near 2700 Hz -**No printing required	/1
Does not hit eardrum ** Do not assume canal lengths on the package are for everyone, they are averages!	/5

/24**Impression (Otoscopy/Case history must be completed prior)**

Instruct your client - procedure and what you need them to do.	/2
Otoscopy- take note of size, length, wax present?	/3
Select appropriate otoblock - please tie the string	/1
Use otolight to place otoblock just past the second bend - using a slow, perimeter tapping process.	/1
Braced while using Earlight	/3
Otoscopy - to confirm otoblock is placed correctly	/3
Impression material is pushed to tip of syringe and initial pea size amount is discarded (air bubbles)	/1
Braced properly while filling the ear.	/3
Allow proper time for material to set	/1
Break the seal gently and remove the impression.	/1
Otoscopy - inspect the canal for condition	/3
Verbally evaluate the impression - a second attempt may be made (not for Automatic fails)	/1
Canal (to 2nd bend), Concha and Helix are complete and otoblock is attached at the end of the impression.	/4

****if pain occurs during procedure - Automatic fail******if impression material sets past the otoblock - Automatic fail****/27****Discussion**

Accurately relayed results of Tympanometry to client - Type? What does this mean...	/2
Accurately relayed results of Acoustic Reflexes to client - What does this mean...	/2
Accurately relayed results of Pure tone to client Degree of loss, Unilateral, Sensorineural/ Conductive/ Mixed?	/3
Accurately relayed results of Speech Testing with client, What is this used for/ consistent with puretone?	/2
Accurately relayed need for Physician referral - why?	/3
Referral rational is noted on the audiogram - Ear? Degree? Type? Red Flags	/8

/20

