**Reviewer Rubric**

**Educational Audiology**

The green text is instructions for reviewers. It has been overlaid on the submission template.

Gentle reminder – please keep criticism constructive.

Reviewers will generally receive the direct comments made, which, because of the way the “Teams” system works, includes your name with the comments.

# **Descriptive Title of Case. Replace this heading with your title.**

# **Suggest an alternative title if the title is not sufficiently descriptive.**

*Note: Educational Audiology Cases begin at age 3 and may extend to college students*

# **Authors**

Check that appropriate format has been used.

Jane Doe, Ph.D., University of Where Ever

John Smith, B.S., Doctoral Student of Audiology, University of Where Ever

ACKNOWLEDGMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines ([www.AudCases.com](http://www.AudCases.com)) Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

Return without reviewing if the initials of ALL authors were not included.

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

Content items should be listed in the order they appear in the case to facilitate your review. Add or recommend deleting items as you think appropriate.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

Introductory

Intermediate

Advanced

Recommend a different educational level if needed.

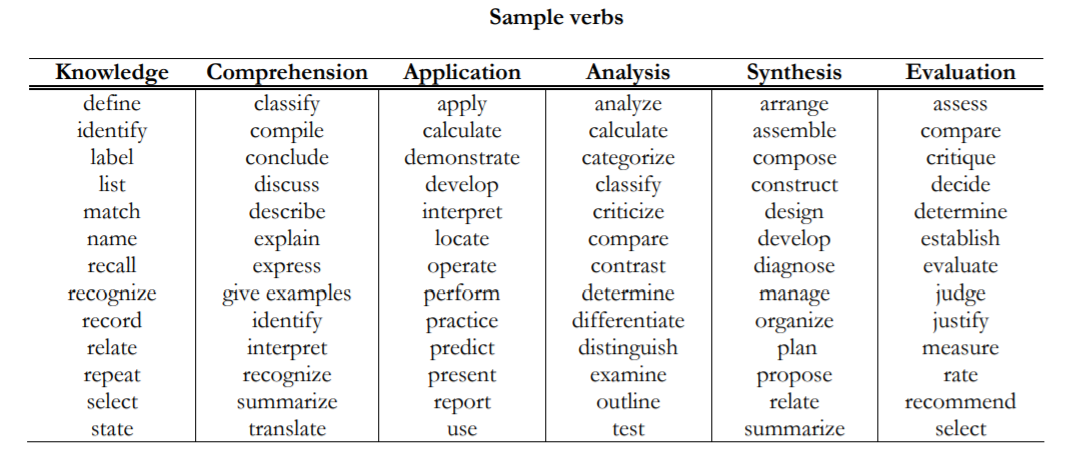
# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

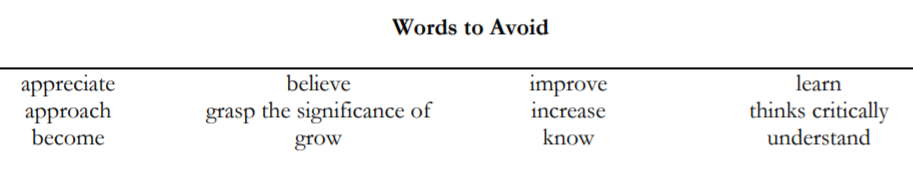
By completing this case, the student will be able to:

1. Identify the type of loss
2. Describe the loss severity

Evaluate the objectives and consider if they match the educational level. Introductory cases should use terms from the left-hand side of the list; advanced cases from the right-hand side. Considerable latitude can be permitted.



If any of the “avoid terms” are used, suggest an alternative verb.



Below is guidance from the “New” Bloom’s Taxonomy.

**New Bloom’s Taxonomy**

**I. Remembering**

Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers.

Choose • Define • Find • How • Label • List • Match • Name • Omit • Recall • Relate • Select • Show • Spell • Tell • What • When • Where • Which • Who • Why •

**II. Understanding**

Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.

Classify • Compare • Contrast • Demonstrate • Explain • Extend • Illustrate • Infer • Interpret • Outline • Relate • Rephrase • Show • Summarize • Translate •

**III. Applying**

Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.

Apply • Build • Choose • Construct • Develop • Experiment with • Identify • Interview • Make use of • Model • Organize • Plan • Select • Solve • Utilize •

**IV. Analyzing**

Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.

Analyze • Assume • Categorize • Classify • Compare • Conclusion • Contrast • Discover • Dissect • Distinguish • Divide • Examine • Function • Inference • Inspect • List • Motive • Relationships • Simplify • Survey • Take part in • Test for • Theme •

**V. Evaluating**

Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.

Agree • Appraise • Assess • Award • Choose • Compare • Conclude • Criteria • Criticize • Decide • Deduct • Defend • Determine • Disprove • Estimate • Evaluate • Explain • Importance • Influence • Interpret • Judge • Justify • Mark • Measure • Opinion • Perceive • Prioritize • Prove • Rate • Recommend • Rule on • Select • Support • Value •

**VI. Creating**

Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.

Adapt • Build • Change • Choose • Combine • Compile • Compose • Construct • Create • Delete • Design • Develop • Discuss • Elaborate • Estimate • Formulate • Happen • Imagine • Improve • Invent • Make up • Maximize • Minimize • Modify • Original • Originate • Plan • Predict • Propose • Solution • Solve • Suppose • Test • Theory • Maximize • Minimize

Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.

<https://www.apu.edu/live_data/files/333/blooms_taxonomy_action_verbs.pdf>

Please check each question throughout the sections.

If a question is not clearly written or contains grammar or spelling errors, please provide suggested improvements.

For multiple choice questions, if the student could deduce the correct answer because it is the longest one, either suggest a revision or point out the problem and return it to the author(s) to correct. Confirm that there is only one correct answer – and that it is completely correct.

* Questions should be bulleted in this style.
* Answers should appear immediately after the question asked

The standard headers are below. Encourage use of them if appropriate. Permit other headings if educationally relevant. The sections listed in the template are noted below.

Check the quality of images. They must be clear and neat. Do not accept images with poor scan quality, titled images or poor graphics (exceptions may occasionally need to be made.)

Be vigilant in looking for identifying patient information. Initials and common first names may be used. Last names, patient ID numbers and exact dates of birth should not appear.

The names of individual practitioners should not be used unless they are authors or donors of the case.

Review all sections for appropriateness / clarity.

# **Case History/Background Information**

Initials, a \_\_ year old (gender if appropriate), . . .

* What question do you want to insert here? Delete if no question is to be used.If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Audiometric Data**

Mention otoscopy if relevant. Omit tests that were not performed or for which you do not have results.

Create a digital audiogram using this link. <http://www.audsim.com/audgenJS/> . If additional symbols (such as S or A) are needed, use the “annotate” feature. The submission guidelines document details when other formats can/should be used.

If the standard format audiogram is not used, is there an educationally relevant reason for the substitution?

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

Review all sections for appropriateness, clarity. The standard tables must be used unless the submitter has justified the use of an alternative format. Send submissions with poor quality graphics back to the submitter.

## **Speech in Quiet**

Use this table for speech testing results, inserting child-specific results. Replace SRT with SAT if appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  | |
| Spondee Technique | MLV | WRS Technique | Recorded | |
|  |  | List and Number | NU-6 Right: 1A Left: 2A | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

MLV = Monitored Live Voice PP = Picture Pointing

NU-6 = Northwestern University List 6 CID W-22 = Central Institute of the Deaf, Word List 22.

10 MD = 10 Most Difficult

NU-ChiPS = Northwestern University Children’s Perception of Speech

WIPI = Word Intelligibility by Picture Identification

PB-K = Phonetically Balanced – Kindergarten

## **Speech-in-Noise Assessment**

Use the table below. If a test other than BKB-SIN is used, replace that label with the name of the test(s) used. Delete unneeded rows.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Right Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **BKB-SIN** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Left Side** |  |  |  |  |  |  |  |  |  |
| **BKB-SIN** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Immittance and OAE**

Omit tests that are not appropriate to the case

## **Tympanometry**

226 Hz / Y tympanograms should be included in this section

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Advanced Middle Ear Analysis**

If multiple types of middle ear analysis are included, please use this ordering

### Multifrequency Tympanometry

Provide traces. The preferred format is for B/G traces to be on the same printout with a separate Y trace.

Ensure that probe frequency is clearly noted.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

### **Wideband Acoustic Immittance (WAI)**

Provide high-quality graphics

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

### **Middle Ear Absorption**

Provide high-quality graphics

* What question do you want to insert here? Delete if no question is to be used. Questions can be moved to the subheadings above, they need not appear after all of the middle ear data are provided.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Acoustic Reflexes**

### **Thresholds**

Please put acoustic reflex results in the table below. Thresholds are assumed to be in dB HL. If in dB SPL then change the upper left-hand table notation AND note in text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **(dB HL)**  **Probe Ear** | **Hz 🡪**  **Stimulated Ear (Mode)** | **500** | **1000** | **2000** | **4000** | **BBN** |
| Right | Right  (Ipsi) | 85 | 105 | 110 | Absent | 95 |
| Right | Left  (Contra) | 80 | 100 | Absent | Absent | 90 |
| Left | Left  (Ipsi) | 90 | 105 | 110 | Absent | 100 |
| Left | Right  (Contra) | 95 | 110 | Absent | Absent | 95 |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

### **Acoustic Reflex Decay**

Insert high-quality reproductions of the test results.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Otoacoustic Emissions**

### **Transient-Evoked**

Insert high-quality reproductions of the test results.

Use of a tabular format, either as a way of presenting the results. Adjust table, adding and removing and relabeling frequencies as appropriate to the case.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Freq (Hz)** | **500** | **1000** | **2000** | **3000** | **4000** | **6000** |
| **Right Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |
| **Left Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

### **Distortion-Product**

Insert high-quality reproductions of the test results.

Use of a tabular format, either as a way of presenting the results. Adjust table, adding and removing and relabeling frequencies as appropriate to the case.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Freq (Hz)** | **500** | **1000** | **2000** | **3000** | **4000** | **6000** |
| **Right Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |
| **Left Ear** | **OE Level** |  |  |  |  |  |  |
|  | **SNR** |  |  |  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Hearing Assistance Technology**

Describe or ask about technology options for the child.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Aided Results – Speech in Quiet**

Add rows as needed. Note: MLV and Recorded in table below are placeholders. Replace if not accurate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  | |
| Spondee Technique | MLV | WRS Technique | Recorded | |
|  |  | List and Number | NU-6 Right: 1A Left: 1B | |
|  |  | Number of Items | Right: 50 Left: 10 MD | |

NU-6 = Northwestern University List 6 CID W-22 = Central Institute of the Deaf, Word List 22.

10 MD = 10 Most Difficult

NU-ChiPS = Northwestern University Children’s Perception of Speech

WIPI = Word Intelligibility by Picture Identification

PB-K = Phonetically Balanced – Kindergarten

## **Aided Speech-in-Noise Assessment**

Use the table below. If a test other than BKB-SIN is used, replace that label with the name of the test(s) used. Delete unneeded rows.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Right Side** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** | **dB HL** | **SNR** | **%** |
| **BKB-SIN** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Left Side** |  |  |  |  |  |  |  |  |  |
| **BKB-SIN** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Educational Audiology Assessments

# **Functional Listening Assessment**

## **Functional Listening**

### **Testing Paramaters**

“Close” conditions evaluated at a distance of **## feet** and/or **## dB A**

“Far” conditions evaluated at a distance of **## feet** and/or **## dB A**

Setting: Describe, e.g. Student seated at her regular position at front of the classroom.

Noise Type: Describe, e.g. 3-talker babble from a speaker positioned 3’ away at a level of 55-57 dB A.

Speech Stimuli: Describe, e.g. Children’s Nonsense Phrases, CID W-22 words. Include number of stimuli.

### **Condition Acronyms**

**AVCQ =** Auditory + visual, close, quiet

**ACQ =** Auditory only, close, quiet

**AVCN** = Auditory + visual, close, noise

**ACN** = Auditory only, close, noise

**AVFQ =** Auditory + visual, far, quiet

**AFQ =** Auditory only, far, quiet

**AVFN** = Auditory + visual, far, noise

**AFN** = Auditory only, far, noise

### **Amplification Systems Tested**

Delete unnecessary acronyms, create one if the list below does not apply. Especially for advanced cases, please give specifics on the devices used.

“FM” is used as a placeholder. Replace with RM or DM/FM as appropriate.

HA = Hearing aid (List specifics e.g. Binaural Phonak ZYB model

HA + FM = Hearing aid (Binaural Phonak ZYB model with YadaYada FM)

CI = Cochlear Implant (Advanced Bionics, bilateral)

CI + FM = Cochlear Implant + FM (Cochlear Corp bilateral with YadaYada FM.)

None = No amplification used

CI R, HA+FM L = Cochlear Implant (Cochlear Corporation) right ear, Hearing aid (Binaural Phonak ZYB model with YadaYada FM) left ear

BiM = Bimodal (Oticon hearing aid left, Cochlear Corporation Implant right)

Hybrid=Hearing aid and CI (Oticon hearing aid + short array Advanced Bionics)

### **Test Results**

Use this table for monosyllabic test results.(Table below is for sentence / phrase test material.) Delete unused rows, delete the table not used, these instructions, and sample comments/observations. Use the “Amp” conditions appropriate to your case, using the acronyms above (as modified to fit the case.).

|  |  |  |
| --- | --- | --- |
| Condition / Amp | % Correct | Comments / Observations |
| AVCQ / HA |  | “That was easy.” |
| AVCQ / HA + FM |  | “Super easy.” |
| AVCN / HA |  | “I had to listen hard.” |
| AVCN / HA + FM |  | “Much better, thanks!” |
| AVFQ / HA |  | “I think I did OK.” Child’s face showed concentration. |
| AVFQ / HA + FM |  | “I liked that way better.” |
| AVFN / HA |  | “That’s not going to work, use the mic” |
| AVFN / HA + FM |  | “Can you turn the noise down?” |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Use this table to report both sentence and individual word scores. If “phrases” were used instead of sentences, change the table column heading. Delete table not used and these instructions.

|  |  |  |  |
| --- | --- | --- | --- |
| Condition / Amp | % Words Correct | % Sentences Correct | Comments / Observations |
| AVCQ / HA |  |  |  |
| AVCQ / HA + FM |  |  |  |
| AVCN / HA |  |  |  |
| AVCN / HA + FM |  |  |  |
| AVFQ / HA |  |  |  |
| AVFQ / HA + FM |  |  |  |
| AVFN / HA |  |  |  |
| AVFN / HA + FM |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Teacher /Parent Observations and Questionnaires**

Use this section for classroom observation, teacher questionnaires (e.g. SIFTER) and parent input/questionnaires.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## **Classroom Observations**

Use this section for the audiologist’s observation of student classroom listening performance.

## **Self-Assessments**

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Classroom Acoustics Measurements**

Include observational notes and when possible, sound level meter measurements to estimate noise levels, reverberation time, SNR and resulting critical distance recommendations; compare to ANSI S12.60.2010 recommendations for unoccupied and occupied ambient noise levels, reverberation time. Use of the Classroom Acoustics Screening Worksheet from the AAA Remote Microphone Hearing Assistance Technologies for Children and Youth from Birth to 21 Years, Supplement B: Classroom Audio Distribution Systems-Selection and Verification is recommended to conduct these measurements.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Educational Plan**

Provide a discussion of the educational placement and planning considerations including services and supports needed based on data collected.

## Individual Family Service Plan

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## Individual Educational Program

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

## 504 Plan

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Summary and Discussion**

Introductory-level cases do not need to include these last sections (below). If the case does not include synthesis- and/or evaluation-category objectives, then it probably is not appropriate to ask the student to summarize or recommend. It may be appropriate to use the section to allow the student to tie together the facets of the case, but if “summary” questions seem redundant with questions in each section, you may want to recommend that they be omitted.

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Recommendations**

Omit this category if it is not appropriate to your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# Decision –

# Does the case have educational merit?

* Reject cases that do not represent appropriate audiological assessment, unless the case has been designed to highlight the testing weakness.
* Use your discretion if the case is like other case(s). If similar cases are well represented within ACES, adding another may bloat the site.

# Is the case quality high enough to merit inclusion?

* The writing clarity, the graphics quality, and the nature of the questions and answers should all be good for a case to be accepted. A highly useful / highly educational case can be accepted if there is legitimate reason that revision and resubmission cannot overcome the deficit. For example, an unusual pathology case could be accepted with a poor-quality image.

# Case Category. This case has been submitted under Educational Audiology. Would it be a better fit to one of the other categories? The categories are listed below for your convenience.

Amplification

Auditory Electrophysiology

Audiogram Interpretation

Auditory Processing

Audiologic Rehabilitation

Counseling

Educational Audiology

Ethics

Hearing Conservation

Immittance and OAE

Implantables (CI and other)

Medical Audiology

Pediatric Audiology

Tinnitus and Sound Sensitivity

Vestibular Evaluation and Management