

California Children's Services  
Child Cochlear Implant Profile (CHIP) Rating

**I. Medical**

(0) No concerns

- Normal imaging. No medical conditions that can increase surgical or anesthetic risks.

(1) Mild concerns

- Imaging: EVA (enlarged vestibular aqueduct - increased risk of Gusher); Mondini (with good cochlear length). No medical conditions that can increase surgical or anesthetic risks.

(2) Mild concerns

- Imaging: Mondini (with shorter cochlea) or minor MRI changes (non-specific). No medical conditions that can increase surgical or anesthetic risks.

(3) Moderate concerns

- Imaging: IP (incomplete partition) type I with small opening towards the IAC (internal auditory canal) and good cochlear length; MRI changes: leukodystrophy, etc. Medical conditions that can increase surgical or anesthetic risks (mild).

(4) Great concerns

- Imaging: IP type I with small cochlear length and large opening towards IAC; hypoplastic cochlea; hypoplastic cochlear nerve. Medical conditions (including diabetes, seizures, bleeding disorders, etc.) that mild/moderately increase the surgical or anesthetic risks; healing disorders (connective tissue disorders).

(5) Great concerns

- Imaging: Absent cochlear nerve; common cavity. Medical conditions that pose high surgical or anesthetic risks.

**II. Audiology**

**Hearing/Hearing aid use:**

(0) No concern

- A patient who has hearing loss and is within the audiologic criteria
- A patient who consistently wears the hearing aids

(1-3) Mild –moderate concerns

- An audiotically borderline candidate
- A patient who inconsistently wears the hearing aids

(4-5) Severe concerns

- A patient who has normal hearing
- A patient who does not wear the hearing aids and makes no effort to do so

**Chronological age:**

(0) No concern

- A patient who is under two years of age and has potential of developing speech and language.
- A patient who is over two years of age, wears hearing aids consistently and has age appropriate speech and language development.

(1-3) Mild to Moderate concerns

- A patient who is two-four years of age and has not yet shown potential for developing speech and language.
- A patient who is over two years of age, who does not wear hearing aids consistently and may or may not have developed age appropriate speech and language development.

(4-5) Severe concerns

- A patient who is 4-5+ years or older with little to no speech and language development.

**Functional Hearing (Speech Perception):**

(0) No concern

- A patient who receives less than 60% on speech perception testing.

(1-3) Mild to Moderate concerns

- A patient who is performing between 60%-70% on speech perception testing.

(4-5) Severe concerns

A patient who is performing at 70% and above on speech perception testing.

**III. Speech/Language**

(0) No Concerns

- Typical or near typical language development with a history of good functional listening abilities (progressive loss, post lingual, etc.).

(1-3) Mild to Moderate Concerns

- Pre-lingual child 0-18 months with good history of hearing aid use, some functional listening abilities and speech and language emerging (**1= mild concerns due to young age not being predictive of speech and language abilities at a later age**).
- Pre-lingual child 0-18 months with no or little history of hearing aid use, limited functional listening abilities and limited speech and language development (**2= moderate concerns**).
- Pre-lingual child 19 months to 2 ½ years with no or little history of hearing aid use, limited functional listening abilities and moderate to severe speech and verbal language disorder (**3= moderate concerns**).

(4-5) Severe Concerns

- Child approaching 3 years and older with or without a history of hearing aid use, limited functional listening abilities and no or little oral language development.
- Other known disabilities in addition to hearing loss and severe speech and language disorder which may impact listening and spoken language outcomes (autism, severe oral motor deficits and/or apraxia, cerebral palsy, processing deficits, etc.). \*\* These may be accounted for in the developmental evaluation; increased severity should be accounted for in only one developmental area.
- Child who prefers to use a visual communication system and/or is not invested in listening and spoken language for communication.

**IV. Developmental/Psycho-Social****Attention and Behavior:**(0) No concerns:

- Appropriate attention and behavior, taking age into consideration. No concerns reported in social, emotional, or behavioral functioning at home, school, or community. Behavioral rating questionnaires indicated minimal to no concerns in this area. Attention and behavior do not impact day to day functioning. No additional supports are needed.

(1-3) Mild to Moderate concerns:

- Mild issues with behavior or attention. Behavioral questionnaires, interview, or observations indicate borderline or at risk concerns for certain areas of social, emotional, or behavioral functioning. Examples would be mild levels of anxiety, social reticence, mild inattention, mild compliance issues, where a moderate level of support is needed. Toward the moderate range, these factors impact day to day functioning.

(4-5) Great concerns:

- Clear behavioral or emotional diagnoses such as ADHD, or Anxiety Disorder, that greatly impact functioning day to day. Child has difficulty regulating his or her emotional or behavioral functioning across settings. Examples include high levels of impulsivity, inattention, aggression, noncompliance, or anxiety. A high level of support is needed.

**Family Structure and Support:**

(0) No concerns:

- Parents' relationship is intact and high functioning; parents may have higher education levels; no mental health or other health issues for family members; no history of legal problems; no other children with disabilities; no other stressors; parent(s) have regular employment and stability in their home; family has social support network nearby, such as friends, extended family members, etc.; family has reliable transportation and the time/availability to provide follow up care.

(1-3) Mild to Moderate concerns:

- Family lives far from this center (one hour drive or more one way); housing or job situation for parent may not be stable; limited but present social support network; mild mental health or other issues for parents; have another child with disability; single parent; younger parent with limited educational level.

(4-5) Great concerns:

- Significant mental health concerns for parent; significant health issues for parent or other child; history of domestic violence, marital stress and/or instability; history of substance abuse for the parent; very limited to no social support network; parent is unstable with job, housing, etc. A significant amount of barriers exist overall.

**Family Expectations:**

(0) No concern

- A patient and/or family who have realistic expectations regarding implantation and are aware that the cochlear implant may or may not provide benefit

(1-3) Mild –moderate concerns

- A patient and/or family that express borderline realistic expectations regarding implantation.

(4-5) Severe concerns

- A patient and/or family that do not have realistic expectations regarding implantation.

**Additional Handicaps:**

(0) No concerns

- Non-verbal cognitive skills (and motor skills for an infant or young child) fall in the average or above-average range; no reported additional conditions such as developmental disability or autistic disorder

(1-3) Mild to moderate concerns

- Mild concerns or delays in the area of non-verbal cognitive skills or motor skills (if an infant or young child). Skills may fall in the below-average to borderline range. Some cases of mild developmental delay may fall in the moderate range here.

(4-5) Great concerns

- Significant delays in non-verbal or motor skills; diagnoses of developmental delay in the moderate, severe, or profound range; diagnoses of moderate to severe autism.

**V. Educational**

**Educational Environment**

(0) No concerns:

- Appropriate educational placement and environment for the child. No concerns reported in home or classroom environment. No additional supports are needed.

(1-3) Mild to Moderate concern:

- Classroom environment may or may not be appropriate for a child with hearing loss. i.e. Total Communication, Oral/Auditory or ASL.

(4-5) Great concerns:

- Living outside of the area where there are no support services or resources for families of children with hearing loss.
- Child not receiving services and/or attending school at an age where early intervention services are needed.

### **Educational Support Services**

#### **(0) No concerns:**

- All early intervention support services are being met. No additional supports are needed.

#### **(1-3) Mild to Moderate concern:**

- If punctuality or absences are a problem. Lack of support from family or school.

#### **(4-5) Great concerns:**

- Living outside of the area where there are no support services or resources for families of children with hearing loss.
- Child not receiving any services at an age where early intervention services are needed.

Patient Name		CCS#		
Date of CI Team Meeting				
Factors	No Concern (0)	Mild-Mod Concerns (1-3)	Great Concerns (4-5)	Justification/ Concerns
<b>Medical</b> Medical/Radiological				
<b>Audiology</b> Hearing/ Hearing Aid Use				
<b>Audiology</b> Chronological Age				
<b>Audiology</b> Functional Hearing (Speech Perception)				
<b>Speech/Language</b> Speech/Language Abilities				
<b>Developmental/Psych-Social</b> Attention/Behavior				
<b>Developmental/Psych-Social</b> Family Structure & Support				<b>Attendance/Motivation:</b>
<b>Developmental/Psych-Social</b> Family Expectations				
<b>Developmental/Psych-Social</b> Additional Handicaps				
<b>Educational</b> Educ. Environment				
<b>Educational</b> Educ. Support Services				
<b>TOTAL SCORES</b>				<b>Combined Score:</b> (Pre-Implant Rating) (A= 0-6), (B= 7-11), (C=12-16), (D=16+)
<b>ADDITIONAL CONCERNS/ INFORMATION:</b>				
Total =				
<input type="checkbox"/> Appropriate CI Candidate: Ear: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral                      Device:				
<input type="checkbox"/> Not an appropriate CI Candidate at this Center at this time				
<input type="checkbox"/> Deferral: <input type="checkbox"/> 3months <input type="checkbox"/> 6months				

Completed by: \_\_\_\_\_

Phone: \_\_\_\_\_

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