



**I'm going to see the
Hearing Doctor
Earmold**



NOTE TO CAREGIVERS

This book will detail the steps of an ear mold.

In this story we refer to earmold as a “clay.” You can determine which language is best to use for your child.

Some children benefit from distraction (during the appointment) and others benefit from a reward after an ear mold. If you brought anything with you to the clinic that could be used as a reward for tolerating an ear mold, then you can add this to the end of the story (e.g., “First clay, then you will get [insert prize here]”). See final page for example. Please see the customizable visual on the last page of this story.

We also recommend filling out the Autism Friendly Questionnaire in MyChart in preparation of your visit. Alternatively, you may fill out a paper copy and share it with your care team when you check-in. See final pages of social story.

If you have more questions about strategies or how to fill out the Autism Friendly Questionnaire, please contact the Autism Friendly Health System Initiative at autismfriendly@rchsd.org

Sincerely,
The RCHSD Autism Friendly Health System Initiative



**I'm going to see the hearing
doctor to make a new earmold.**



I will check in at the front desk.



**Now I will wait until the hearing doctor is ready to see me.
I can [insert distraction item from home here] while I wait.**

*****Note to caregivers: we recommend you bring an item for distraction while you wait and to be used during the visit (e.g., fidget toys, quiet toy, etc.).*****



When the doctor calls my name, I will walk to the room with my caregiver. My parents can stay in the exam room with me.



I will use sanitizer to clean my hands and sit down at the table. The doctor will ask my caregiver and me a few questions.



It's ok to feel nervous. If I am nervous, then I can hold my squishy ball or playdoh or [insert item you brought with you for child to hold]. I can also ask the hearing doctor for a break.

*****Note to caregivers: you may bring a sensory or comfort item for your child to hold during the appointment. *****



**The doctor will look in my ears
with a special flashlight.
It will feel cold and tickle. It will
not hurt. I can count to 5 when
they look in each ear.**



Now the doctor will put a sponge and string in my ear to protect it. It will feel like a tickle.



**The doctor will mix the clay.
Now, the doctor will put the
clay in my ear. It will feel cold
and wet.**

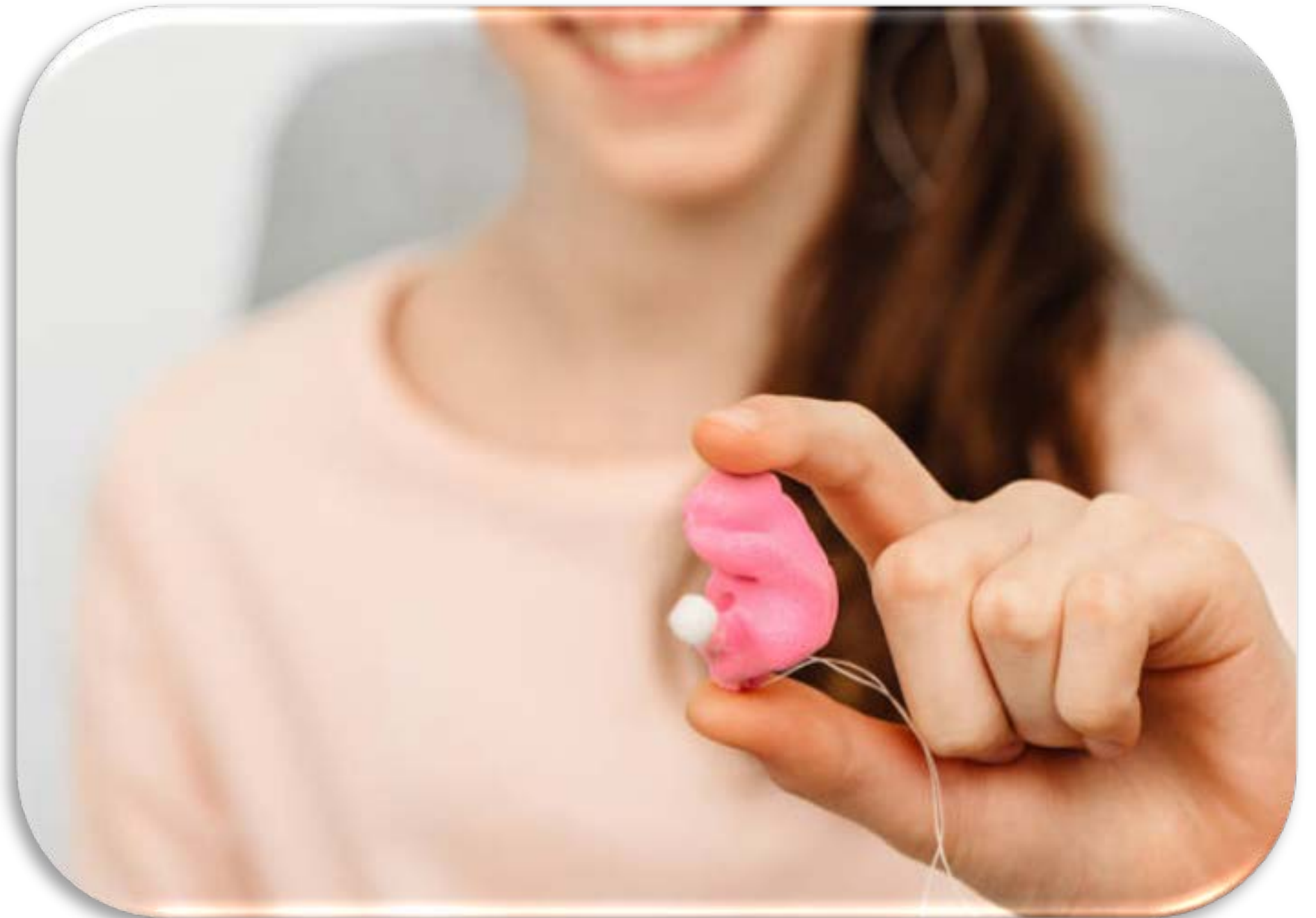


Now I will wait for the clay to dry. I can set a timer for 5 minutes. I can play with [insert item brought from home] while I wait for the clay to dry.

****Note to caregivers: You may bring a distraction from home while waiting for the time to pass.****



**When the timer rings, the
doctor will take the clay out.**



all done



I did a great job making my earmolds. I kept my boy calm and still. I am all done. Now it's time for [insert child's preferred activity or reward].

***** Note to caregivers: If your child is motivated by rewards, it may be helpful to bring an item they can earn for completing their hearing appointment. *****



The End

******Note to caregivers: Please review the following pages
for samples and templates of reward charts******



Parents/Caregivers: Above is a sample “first-then” visual if your child is earning a reward after a visit to the hearing doctor. Please feel free to add your own picture of the reward your child is earning under the word, “then.”

You can present this by saying, “First hearing doctor, then _____”.

FIRST	THEN
	



FIRST



THEN



Rady
Children's

Autism-Friendly
Health System
Initiative

I'm working for



The reward chart will help the child know what they can do to earn stars and how many they need to earn for the reward. Please feel free to add your own picture of the reward your child is earning.



I'm working for

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Autism-Friendly Questionnaire (AFQ)

Name: _____

Date of Birth: _____

The purpose of this questionnaire is to provide information to your child's care team so that they can partner with you to create a more comfortable experience for your child. You are being asked to complete this questionnaire because our records indicate that your child has an autism spectrum disorder (ASD) diagnosis. This questionnaire may also benefit children who are at risk of autism or who have specific communication or sensory needs.

For each question, please choose *all* responses that apply to your child.

1. Relationship of Person Completing Questionnaire

☐ Patient ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other caregiver

2. What is the best way to communicate with your child?

☐ Verbally (Fully fluent) ☐ Writing it down ☐ Sign language ☐ Verbally (Single words/phrases)
☐ Communication device ☐ Pictures ☐ Other

3. What might cause your child to be anxious and/or agitated?

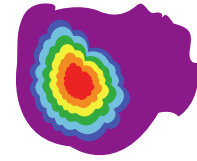
☐ Light ☐ Smells ☐ Tastes/Textures ☐ Medications ☐ Sounds ☐ Touch
☐ Multiple care providers or groups of people ☐ Tape/Band-aids ☐ Other

4. What are your child's early signs of anxiety and/or agitation?

☐ Flapping ☐ Rocking ☐ Refusal ☐ Withdrawal ☐ Clenching ☐ Fidgeting
☐ Pacing ☐ Yelling ☐ Self-harm ☐ Avoiding eye contact
☐ Focusing on a specific topic ☐ Echolalia/Repetitive Phrases ☐ Other

5. Does your child have any specific behaviors that we should know about?

☐ Fixation on objects ☐ Self-harm ☐ Repetitive actions ☐ Running/escaping
☐ Aggression towards others ☐ Rocking back and forth ☐ Swiping/grabbing items ☐ Other



Autism-Friendly Questionnaire (AFQ) *Continued*

6. What are helpful techniques to support a positive experience for your child's visit?

- ☐ Bubbles
- ☐ Allow time to think about questions/instructions
- ☐ Weighted vest/blanket
- ☐ Pressure
- ☐ Keep noise levels low
- ☐ Model of any procedures
- ☐ Headphones
- ☐ Simple direct language
- ☐ Self-soothing behavior
- ☐ Provide 2-3 choices when offering items/activities
- ☐ Music
- ☐ Medication
- ☐ iPad
- ☐ Visual Schedule
- ☐ Fidgets
- ☐ Keep lights dimmed
- ☐ Give '2 minute' warning before changes
- ☐ Written Schedule
- ☐ Other

7. How does your child demonstrate/communicate pain?

- ☐ Verbally
- ☐ Pointing
- ☐ Crying
- ☐ Withdrawal
- ☐ Facial expressions
- ☐ Communication device
- ☐ Able to use pain scale
- ☐ Refusal to participate in daily activities
- ☐ Body position
- ☐ Other

8. What are your child's favorite activities/objects or rewards?

- ☐ Electronics
- ☐ Books
- ☐ Sticker chart
- ☐ Play items
- ☐ Food
- ☐ Other

9. Is there anything specific you would like us to know about your child's previous medical experience(s), i.e., things that went well, things that could be improved upon by staff to best meet the needs of your child?

