

HEARING SCREENING FORM

Student's Name _____ School Year _____

School _____ Grade _____

Initial Examiner _____ Date _____

Hearing Criteria: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

Screening Date: _____

		FREQUENCY HZ		
		1000	2000	4000
Right Ear	HL 20	[] Pass	[] Pass	[] Pass
		[] Fail	[] Fail	[] Fail
Left Ear	HL 20	[] Pass	[] Pass	[] Pass
		[] Fail	[] Fail	[] Fail

Examiner: _____
 Audiometer: _____
 Last Calibration Date: _____

Tympanometry: _____
 RE
 Tympanometry: _____
 LE

Remarks:

- [] Within Normal Limits
- [] Needs Rescreen (within two weeks)
- [] Needs Referral

Recheck

Date: _____

		FREQUENCY HZ		
		1000	2000	4000
Right Ear	HL 20	[] Pass	[] Pass	[] Pass
		[] Fail	[] Fail	[] Fail
Left Ear	HL 20	[] Pass	[] Pass	[] Pass
		[] Fail	[] Fail	[] Fail

Examiner: _____
 Audiometer: _____
 Last Calibration Date: _____

Tympanometry: _____
 RE
 Tympanometry: _____
 LE

Remarks:

- [] Within Normal Limits

Needs Rescreen (within two weeks)

Needs Referral

Resolution of
Problem: _____

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____ Pass Fail Examiner: _____

Optional Form for Required Procedure/Evaluation