

Hearing Screening Information

Name _____ School _____ Grade _____ Age _____

Referral Person _____ Homeroom Teacher _____

Circle Appropriate Referral(s): Transfer Initial Three-yr Evaluation Follow-up

Screening Test

Pure Tone Acuity Screening

(Screening level _____ dB)

Check () Frequencies passed

Mark (X) for frequencies failed

Failure criteria: Failure to respond to 2 of the 4 frequencies: 500, 1k, 2k, 4k, Hz in either ear at 25dB

	Ear	1000 Hz	2000 Hz	4000 Hz	6000 Hz	
First Screen	R					Results
Date: _____	L					<input type="checkbox"/> Pass <input type="checkbox"/> Rescreen <input type="checkbox"/> Observe

Tympanometry Results: _____

Comments: _____

Person Screening: _____

Second Screen	R		Results
Date: _____	L		<input type="checkbox"/> Pass <input type="checkbox"/> Rescreen <input type="checkbox"/> Observe

Tympanometry Results: _____

Comments: _____

Person Screening: _____

	Ear	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz	
First Screen	R							Results
Date: _____	L							<input type="checkbox"/> Pass <input type="checkbox"/> Refer Date: _____