

Hearing Screening Form for School Records

Student Last Name: _____ First: _____

Teacher: _____ Grade: ____ School: _____

School System: _____ Date: _____

Pure Tone Screening			
	1000 Hz	2000 Hz	4000Hz
RIGHT EAR:			
LEFT EAR:			
Screening Level	(20db HL)	(20db HL)	(20 db HL)

√ = Pass

_____ Pass _____ Could not screen

_____ Rescreen _____ Absent

(Screener's Signature)



Rescreen Date: _____

Pure Tone Screening			
	1000 Hz	2000 Hz	4000Hz
RIGHT EAR:			
LEFT EAR:			
Screening Level	(20db HL)	(20db HL)	(20 db HL)

√ = Pass

_____ Pass

_____ Further testing indicated

(Screener's Signature)

Hearing Screening Program Re-Screening Worksheet for School Records

Name: _____ Age: ____ Grade: ____ Teacher: _____

Parents: _____

Address: _____ Phone: _____

Healthcare Provider: _____

Conditions Indicative of Possible Hearing Loss: (teacher observations and health history)

Frequent earaches: R ____ L ____ Both ____

Date of re-screen:		
Frequency	R	L
1000		
2000		
4000		
6000 (optional)		

- ____ Repeated colds
- ____ Cold today
- ____ Sore throat today
- ____ Discharge from ear more than once
- ____ Discharge from ear today
- ____ Complains of loud, constant ringing in ears
- ____ Hearing problems or deafness in family
- ____ Inattentive
- ____ Slow responding
- ____ Repeating grade
- ____ Says "huh?" or "what?" often
- ____ Speech defect "baby talk"
- ____ Omits letters
- ____ Substitutes letters
- ____ Garbled speech
- ____ Too soft
- ____ Too loud
- ____ Too high pitched
- ____ Too low pitched

Referred by nurse to:

- ____ Family
- ____ Primary Care Provider
- ____ ENT Specialist
- ____ Speech/Language Pathologist
- ____ Audiologist
- ____ Other