

HEARING SCREENING

The purpose of a school hearing screening is to identify students with a hearing loss that may impact their intellectual, emotional, social, speech, and/or language development. Even mild hearing loss may be educationally and medically significant.

Personnel not certified in hearing screening should receive instruction in the proper techniques to be used by a currently licensed audiologist.

All children should have a hearing screening within 60 administrative working days of initial enrollment to determine if further evaluation is needed, unless prior testing is documented as part of the school Entrance Health form, Part II. Choosing the quietest available space for testing is essential for true results.

Because all children are required to have a physical examination when they first enter school, it was determined that this requirement would provide adequate screening for kindergarten students. Therefore, the only health screening required for pupils will be for sight and hearing defects in grades 3, 7, and 10 [check records for religious exemption]. Arrange screening to be conducted early in the school year.

Parents of all students who do not perform satisfactorily on a hearing screening and subsequent re-test should be notified by way of a letter, recommending further evaluation by a health care professional. It should be understood that hearing screening is designed only to identify students who may need further attention, it is not intended for diagnostic purposes nor should a diagnosis be made.

Please note that hearing screening prior to a Child Study follows a different course.

For Equipment, Procedure, and Documentation – see Virginia School Health Guidelines, pgs. 202-205.

Ref: Virginia School Health Guidelines, May 1999, pgs. 198-205.
Code of Virginia, Section 22.1-273.
Superintendents Memo. No. 159, August 19, 1987.

(School Letterhead)

Student Name _____

Date _____

Dear Parent/Guardian:

Each year hearing screening is conducted on all (3rd/7th, 10th) grade students as well as students new to the school district as mandated by the Commonwealth of Virginia. The results of the screening for your child indicates that he/she should be referred to your physician or an audiologist for further testing to see if a hearing problem exists. Please note this was only a screening and not a diagnostic test, your physician or audiologist can determine if a problem exists.

Name of screening test:

Date of screening test:

Date of second test:

Results of screening test:

Result of second screening test:

Normal results for this test:

Please contact me at the school if you have any questions about the screening procedure.

Sincerely,

School Nurse

Doctor or audiologist: Please complete this form and return it to the school

I have examined _____

Findings _____

Recommendations: _____

Signature: _____

Date: _____