School_____

Team_____

Date_____

Davis School District

Hearing Screening and Follow up Record

Results Left with:

Date Referral letters sent:

#Students Tested

#Absent_____

#Failed

Name	Teacher	Grade	Phone	Screening				Threshold Test							Comments
				Impedance		Pure Tone			500	1K	2K	4K	6K	8K	
				R	L	R	L	R							
								L							
								R							
								L							
								R							
								L							
								R							
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								R							
								L							
								R							
								L							