

# Magoffin County Schools

## Hearing Screening Forms

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

FREQ	250	500	1000	2000	4000	8000
LEFT						
RIGHT						

PASSED

FAILED

RESCREEN

### RECOMMEND:

- NO FURTHER EVALUATIONS
- RESCREEN IN \_\_\_\_\_ WEEKS
- ADDITIONAL AUDIOLOGICAL TESTING
- REFER TO SPECIALIST

SCREENED at: \_\_\_\_\_ db

\_\_\_\_\_  
EVALUATOR