

GREAT NECK PUBLIC SCHOOLS

HEARING SCREENING PARENT/GUARDIAN NOTIFICATION RESULTS AND REFERRAL

Student Name: _____ DOB: __/__/____ Date: _____

Address: _____

School Name: _____ School Phone: _____

Dear Parent/Guardian:

- Your child was screened for hearing at school and no issues were noted.
- Your child was screened for hearing at school, he/she had some trouble. Screening results do not always mean there is a problem. Please have your child's ears examined by a health care professional and ask them to complete this form. Return the completed form to the school as soon as possible.
- Staff observations attached.

Screening Results

O = Right Ear X = Left Ear	Frequency in Hertz					Grade 7 & 11 *	
	500	1000	2000	3000	4000	6000	8000
20 dB							
25 dB							
30 dB							
35 dB							
40 dB							
45 dB							
50 dB							
55 dB							
60 dB							
65 dB							

School Health Professional: _____ Date: _____

* Additional test frequencies of 6000 & 8000 Hz for students in grade 7 & 11

Report of Professional Audiometric Examination to the School

Date of examination : _____ Next appointment : _____

Findings: Decibel Loss (R) _____ Decibel Loss (L) _____ Etiology: _____

- Mild Hearing Loss (21-40 dB)
- Moderate hearing Loss (41-59 dB)
- Severe Hearing Loss (60-85 (dB)
- Profound Hearing Loss (85 dB or more)

Plan:

- | | |
|---|---|
| <input type="checkbox"/> No Treatment at this time | <input type="checkbox"/> No Accommodations Needed |
| Hearing Aide <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear | <input type="checkbox"/> Accommodations |

Medical Provider: _____ (Signature) _____ (Phone) _____ (Date)

For school use : Completed form received on date: _____ Completed form not returned to school