FUNCTIONAL HEARING SCREENING

Student's Name _____   School Year _____

School _____   Grade _____

Initial Examiner _____   Date _____

A functional vision/hearing response screener is appropriate if the student fails the vision/hearing screening and rescreening is unwarranted due to the functioning level of the student: cannot follow directions, is unable to be conditioned for the testing situation, is unable to adapt to the screening situation, and/or refuses to cooperate in the screening situation.

Does student:

1. Show awareness to environmental noise, i.e. vacuum, tv, phone, etc.?   Yes   No
2. Show awareness of noisy toys (bells, rattle, squeaky toy)?   Yes   No
3. Respond to name when called?   Yes   No
4. Show awareness of low frequency sounds (drum bottom of oatmeal box with pencil eraser or milk carton)?   Yes   No
5. Show awareness of high frequency sounds (pop top in an empty can or rice in jar)?   Yes   No
6. Interact verbally or with gestures?   Yes   No
7. Is imitation of speech present?   Yes   No
8. Speak using a normal loudness level?   Yes   No
9. Speak so most people can understand what is said?   Yes   No
10. Eyes and/or head turn toward a voice?   Yes   No
11. Come when called from another room?   Yes   No
12. React to (not necessarily stop) an activity when he/she hears "No! No!"   Yes   No
13. Does student present with startle response when presented with a loud noise such as hands clapping?   Yes   No
14. Does student respond to songs sung to him/her?   Yes   No

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming.

_____
_____
_____

Examiner: _____   Date: _____
Teacher/Parent: _____   Date: _____

Attach to Hearing Screening Form