



**Building Excellence
Health Services**

HEARING SCREENING FORM

STUDENT'S NAME: _____ **SCHOOL YEAR:** _____

SCHOOL: _____ **GRADE:** _____ **DOB:** _____

INITIAL EXAMINER: _____ **DATE:** _____

HEARING CRITERIA: Pure-tone Audiometry-Tympanometry. A student needs referral if he/she does not respond to any one tone (frequency) at 20 to 25 decibel hearing level in either ear.

KEY: P= PASS F=FAIL

Screening Date:					Recheck Date:				
EAR	HL	Frequency HZ			EAR	HL	Frequency HZ		
		1000	2000	4000			1000	2000	4000
Right Ear	20				Right Ear	20			
Left Ear	20				Left Ear	20			

Examiner: _____

Audiometer: _____

Calibration Date: _____

Tympanometry:

RE: _____

LE: _____

Examiner: _____

Audiometer: _____

Calibration Date: _____

Tympanometry:

RE: _____

LE: _____

Remarks:

- Within Normal Limits
- Needs Rescreen (within two weeks)
- Needs Referral

Remarks:

- Within Normal Limits
- Needs Rescreen (within two weeks)
- Needs Referral

Resolution of Problem: _____

If the child cannot be conditioned to pure-tone audiometry, an auditory response screener may be used.

Date: _____ Pass Fail **Examiner:** _____