Hearing Screening

Student: _____DOB: _____School: _____

Date of Referral: _____ Teacher: _____ Person Referring: _____

PROBLEM	YES	NO	RIGHT EAR	LEFT EAR
Wears Hearing Aid(s)				
Cerumen				
Has known hearing loss				
Ear infection today				
Cold/flu symptoms today				

If "YES" is checked by any of the above questions, DO NOT TEST the student's hearing. Students who wear hearing aid(s) and/or have known hearing loss should be referred to the school audiologist. When cerumen impaction, ear infections and colds/flue are resolved proceed with the hearing test.

PURE TONE RESULTS
(Hearing Levels)

	RIGHT EAR	LEFT EAR
1000 Hz		
2000 Hz		
4000 Hz		

Students who fail to detect tone at 20 dB in either ear should be referred to the school Audiologist or ENT Physician.

Results of this Evaluation: _____ _____ Date Parent/Guardian Notified (if failed): _____

Pass Fail

_____ _____ _____

Evaluator's Signature Position Date

Copy of individual screens to student health file/ (BIC Committee Chair; Diagnostician; Audiologist; Head Special Education Teacher – depending on reason for evaluation)