HEARING SCREENING FORM

STUDENT'S NAME ________________________________ SCHOOL YEAR ________________________

SCHOOL ________________________________________ GRADE ____________________________

HEARING CRITERIA: Puretone Audiometry-Tympanometry. A student fails the screening test if he/she does not respond to any one tone (frequency) at 20db hearing level in either ear.

KEY: P = PASS    F = FAIL

<table>
<thead>
<tr>
<th>Screening Date:</th>
<th>Recheck Date:</th>
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<tbody>
<tr>
<td>EAR</td>
<td>HL</td>
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<tr>
<td>RE</td>
<td>20</td>
</tr>
<tr>
<td>LE</td>
<td>20</td>
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<tr>
<td>LE</td>
<td>20</td>
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</tbody>
</table>

Examiner: ________________________________ Examiner: ________________________________

Audiometer: ________________________________ Audiometer: ________________________________

Last Calibration Date: ________________________________ Last Calibration Date: ________________________________

Tympanometry: RE ___________ LE ___________

Tympanometry: RE ___________ LE ___________

REMARKS: ________________________________ REMARKS: ________________________________

_____ Within Normal Limits        _____ Within Normal Limits

_____ Needs Rescreen (within two weeks)  _____ Needs Rescreen (within two weeks)

Resolution of Problem: ________________________________

______________________________

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

Date: ________________________________

Pass: ________________________________ Fail: ________________________________

Examiner: ________________________________