

# School Hearing Screening Worksheet

Child's Name: \_\_\_\_\_

Screen Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rescreen Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Any Parent/Teacher/Child concerns about hearing? \_\_\_\_\_

Grade: \_\_\_\_\_

Visual Inspection	Initial Screen	Rescreen
External inspection	PASS/REFER	PASS/REFER
Internal inspection/otoscopy (if done)	PASS/REFER	PASS/REFER
If REFER, please describe findings:		

Pure Tone Audiometry – Right Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER
Pure Tone Audiometry – Left Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER

*Tympanometry is an optional procedure. If done, please document results below.*

Tympanometry (Optional Procedure)	Initial Screen	Immediate Rescreen	Later Rescreen Date:
	PASS/REFER	PASS/REFER	PASS/REFER