

School Hearing Screening Worksheet

Child's Information
Child's Name _____
Teacher _____ Grade _____
Date _____ / _____
Parent/teacher/child concerns about hearing (write in box)

Visual Inspection

The results of the screening indicate (circle one) PASS /REFER

	<i>Initial screen</i>		<i>Rescreen</i>	
External inspection	PASS	REFER	PASS	REFER
Internal inspection /Otoscopy	PASS	REFER	PASS	REFER
Comments (if inspection is REFER):				

Pure Tone Audiometry Screen

The results of the screening indicate (circle one) PASS /REFER

Right ear		
25dB, 500 Hz	PASS	REFER
20dB, 1000 Hz	PASS	REFER
20dB, 2000 Hz	PASS	REFER
20dB, 4000 Hz	PASS	REFER
Left ear		
25dB, 500 Hz	PASS	REFER
20dB, 1000 Hz	PASS	REFER
20dB, 2000 Hz	PASS	REFER
20dB, 4000 Hz	PASS	REFER



Maternal and Child Health Section
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Right ear		
25dB, 500 Hz	PASS	REFER
20dB, 1000 Hz	PASS	REFER
20dB, 2000 Hz	PASS	REFER
20dB, 4000 Hz	PASS	REFER
Left ear		
25dB, 500 Hz	PASS	REFER
20dB, 1000 Hz	PASS	REFER
20dB, 2000 Hz	PASS	REFER
20dB, 4000 Hz	PASS	REFER

Tympanometry The results of the screening indicate (circle one) PASS /REFER

Immediate rescreen	PASS	REFER
Later rescreen: date	PASS	REFER

Threshold Screening As indicated for referral and follow-up

Right ear		<i>Write in decibel (dB) heard</i>
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		
8000 Hz		
Left ear		<i>Write in decibel (dB) heard</i>
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		
8000 Hz		



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