HEARING SCREENING RESULTS FORM

(Please Print) ***Required Information**

Classroom/Screener Locale: _____

Child's Name*:_____ **DOB*:**_____ **Gender*:** ☐ M ☐ F

Parent(s)/Caregiver:_____ Phone: _____

Parent(s)/Caregiver Address: _____

Child's Physician_____ Permission to send results to Physician: ☐ Yes ☐ No

If necessary, permission to rescreen: ☐ Yes ☐ No

I. Hearing Screen Results: (Please use this space to display results of hearing screenings conducted throughout the year)

			IMMITTANCE				PURE TONES											
Screen Date	Ear	OTOSCOPIC	ECV	TM COMP	MEP	ACOUSTIC REFLEX	1,000 Hz	2,000 Hz	4,000 Hz	OTOACOUSTIC EMISSIONS (OAE)	Pass (P) / Fail (F) per ear	Recommendation (use #'s 1-10) See Below	Follow-up to Referral (Date/Result) (use #'s 1-13) See Below	Screener Initials	Audiologist Review	Results entered into Database Software	Screening Administered	Notes
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	L																	
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II. Follow-up Recommendations: (Please choose one based on hearing screening results)

1. Rescreen in 12 months unless concerns arise or a change in hearing is noted. Hearing levels appear adequate for speech/language development at this time.
2. Rescreen in 3 months. Hearing levels appear adequate for speech/language development at this time.
3. Rescreen in 4-6 weeks.
4. Refer to Primary Care Physician and rescreen in 4-6 weeks.
5. Refer to Primary Care Physician and rescreen in 3 months.
6. Refer to ENT for medical and audiological evaluation and rescreen in 4-6 weeks.
7. Refer to ENT for medical and audiological evaluation and rescreen in 3 months.
8. Refer to Audiologist and rescreen in 4-6 weeks.
9. Refer to Audiologist and rescreen in 3 months.
10. Other_____
11. IFSP Review

III. Follow-up to Medical and/or Audiological Referral: (Please choose one for each referral made)

1. Physician confirmed medical condition.
2. Physician did not confirm medical condition.
3. Audiologist confirmed hearing loss (conductive, SNHL, mixed).
4. Audiologist reports hearing within normal limits at all frequencies.
5. Pressure equalization tubes placed.
6. Per parent report, medical referral ha not been acted upon. Child has not been seen by doctor.
7. Per parent report, audiological referral has not been acted upon. Child has not been seen by audiologist.
8. Per parent report, medical appointment/follow-up is scheduled, but pending.
9. Per parent report, audiological appointment/follow-up is scheduled, but pending.
10. Phone call to parent. No answer. Left message asking them to call.
11. Phone call to parent. No answer. Did not leave message.
12. Letter sent to parent.
13. Other_____

IV. Risk Factors for Late Onset Hearing Loss Not Present/Noted at Birth: (check all that apply)

- ☐ **1**. Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay.
- ☐ **2**. Syndromes associated with progressive hearing loss such as Neurofibromatosis, Osteopetrosis, and Usher's Syndrome.
- ☐ **3**. Head trauma.
- ☐ **4**. Recurrent or persistent Otitis Media with effusion for at least 3 months.
- ☐ **5**. Other: _____
- ☐ **6**. None

V. Early Intervention Status:

☐ IFSP ☐ IEP ☐ Referred for Developmental Evaluation ☐ No Early Intervention at this time

IFSP/IEP Start Date: (If Applicable) _____

Next IFSP/IEP Annual Review Date: (If Applicable) _____

Other: _____

VI. Known Hearing Loss

☐ Yes ☐ No

VII. Notes: _____

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Legend

DNT = did not test
CNT = could not test
CNE = could not establish
MEP = middle ear pressure
COMP = tympanic membrane (movement) compliance
ECV = ear canal volume (physical size)
OTO = otoscopy
OAE = otoacoustic emissions