

HEARING SCREENING RESULTS FORM

*Required Information

(Please Print)
 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)

Screen Date	Ear	IMMITTANCE						PURE TONES			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	
		OTOSCOPIC	ECV	TM COMP	MEP	ACOUSTIC REFLEX	1,000 Hz	2,000 Hz	4,000 Hz	OTOACOUSTIC EMISSIONS (OAE)									
	R																		
	L																		
	R																		
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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 has 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 _____

