

HEARING SCREENING

STUDENT'S NAME: _____ BIRTH DATE: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

THE INFORMATION ENTERED ON THIS FORM IS A RECORD OF SCREENING RESULTS AND IS NOT TO BE USED FOR DIAGNOSTIC PURPOSES.

SWEEP-CHECK SCREENING

1. Instruct and condition each child appropriately for age/grade.
2. Screen 3 frequencies @ **25 dB**; begin screening @ 1000 Hz.
3. Identify responses with a "+"; identifying no response with a "-".
4. Sequence of tone presentations is numbered 1-3 below.

	EAR	1 1000 Hz	2 2000 Hz	3 4000 Hz	RESULTS
First Screen	R				_____ Pass
Date:	L				_____ Rescreen w/Sweep

COMMENTS: _____

Screener: _____ Medical Facility: _____

Address: _____ Phone Number: _____

Children failing to respond to **ONE** (of the three) frequencies in **either ear** should be re-screened with another Sweep-Check within 3 to 4 weeks. (Signs or symptoms alone would be sufficient for referral.) Failure of **ONE** frequency in either ear on the second sweep check screen requires a referral or an **extended recheck**. If a failure of one frequency occurs when performing the extended recheck, a referral is required.

	EAR	1 1000 Hz	2 2000 Hz	3 4000 Hz	RESULTS
Second Screen	R				_____ Pass
Date:	L				_____ Fail

COMMENTS: _____

(Please fill in if different from above screener.)

Screener: _____ Medical Facility: _____

Address: _____ Phone Number: _____