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| **School District Name Here** |

**HEARING SCREENING PARENT/GUARDIAN NOTIFICATION RESULTS AND REFERRAL**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

🞏 Your child was screened for hearing at school and no issues were noted.

🞏 Your child was screened for hearing at school, he/she had some trouble. Screening results do not always mean there

is a problem. Please have your child’s ears examined by a health care professional and ask them to complete this

form. Return the completed form to the school as soon as possible.

🞏 Staff observations attached.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Screening Results** | | | | | | | |
| **0 = Right Ear**  **X = Left Ear** | **Frequency in Hertz** | | | | | **Grade 7 & 11 \*** | |
| 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| 20 dB |  |  |  |  |  |  |  |
| 25 dB |  |  |  |  |  |  |  |
| 30 dB |  |  |  |  |  |  |  |
| 35 dB |  |  |  |  |  |  |  |
| 40 dB |  |  |  |  |  |  |  |
| 45 dB |  |  |  |  |  |  |  |
| 45 dB |  |  |  |  |  |  |  |
| 50 dB |  |  |  |  |  |  |  |
| 55 dB |  |  |  |  |  |  |  |
| 60 dB |  |  |  |  |  |  |  |
| 65 dB |  |  |  |  |  |  |  |
| **School Health Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **\* Additional test frequencies of 6000 & 8000 Hz for students in grade 7 & 11** | | | | | | | |

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| **Report of Professional Audiometric Examination to the School**  Date of examination :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next appointment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Findings: Decibel Loss (R) \_\_\_\_\_\_\_\_\_\_\_ Decibel Loss (L) \_\_\_\_\_\_\_\_\_\_\_\_ Etiology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Mild Hearing Loss (21-40 dB) 🞏 Moderate hearing Loss (41-59 dB)  🞏 Severe Hearing Loss (60-85 (dB) 🞏 Profound Hearing Loss (85 dB or more) | |
| **Plan:** | |
| 🞏 No Treatment at this time  Hearing Aide 🞏 Right Ear 🞏 Left Ear | 🞏 No Accommodations Needed  🞏 Accommodations |
| **Medical Provider:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) (Phone) (Date) | |

**For school use :** 🞏 Completed form received on date: \_\_\_\_\_\_\_\_\_\_ 🞏 Completed form not returned to school

Sample resource created by NYS Center for School Health located at [www.schoolhealthny.com](http://www.schoolhealthny.com) 5/2018