

Millard School District Special Education Department

**Hearing Screening Report**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

This form shows that the student named above has received the following audiological screenings with the indicated results:

	Pass	Fail	Not Assessed
Otoscopic Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typanometric Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiometric Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	500	1000	2000	4000	8000
Left					
Right					

- \_\_\_\_\_ Passed
- \_\_\_\_\_ Failed, rescreen
- \_\_\_\_\_ Failed rescreening, refer for audiometric testing      Date \_\_\_\_\_

It is recommended:

Proceed with further testing \_\_\_\_\_

Alert: Hearing ability may interfere with further testing. \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Audiologist)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Speech/Language Pathologist)