**School Hearing Screening Worksheet**

Child’s name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screen date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rescreen date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any parent/teacher/child concerns

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_ about hearing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Visual Inspection** | **Initial Screen** | **Rescreen** |
| External inspection | PASS/REFER | PASS/REFER |
| Internal inspection/otoscopy | PASS/REFER | PASS/REFER |
| If REFER, please describe findings: |  |  |