



INDIANA
DEPARTMENT of
EDUCATION



Indiana
Department
of
Health

Indiana Hearing Screening Guidelines

July 2025

Indiana Department of Education
Indiana Department of Health



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Introduction

Purpose

The purpose of the hearing screening program is to identify students at risk for hearing difficulties that may adversely affect their health or school performance. A well-balanced program will include screening, rescreening and follow-up for failures.

Hearing Screening Requirements

The governing body of each school corporation or charter school shall annually conduct a hearing screening to determine the hearing levels of the following students enrolling in or transferring into:

- First grade
- Fourth grade
- Seventh grade
- 10th grade
- A student who has transferred into the school corporation
- Any student who is suspected of having a hearing defect

Parent Notification

Hearing screening information, including the date of the screening and the school's process for parents to decline the hearing screening of their child if they wish to do so, must be shared with parents prior to the screening. This notice can be shared with parents via a letter, the school website, text or voice mail message, and/or a school newsletter.

Personnel

Hearing Screening Program Coordinator

Public school corporations, including charter schools, should designate a staff member, preferably an audiologist, speech language pathologist (SLP), or school nurse, to oversee the hearing screening program.

Responsibilities of Hearing Program Coordinator

- Determining, at the beginning of the school year, the entity that will be performing the hearing screenings for the school.
- Organizing, coordinating, and implementing a systematic process for conducting hearing screenings in the school.
- Becoming knowledgeable in the hearing screening technique and assuring that all hearing screening personnel involved are properly trained.

- Educating staff about the importance of hearing screenings, requirements for referring students with hearing concerns, and that the scheduling of hearing screenings is paramount to the success of the screening program.
- Keeping and maintaining records, initiating referrals, developing follow-up (tracking/monitoring) procedures, and preparing/submitting the School Health Report (electronic report) to the Indiana Department of Education (IDOE).
- Reporting screening results to school personnel and parents.

Equipment

- Audiometer
 - Each audiometer should be calibrated annually with the date of calibration posted on the device
 - Handle carefully – when transporting, place on a solid surface and avoid jolts to keep the audiometer in calibration
 - Avoid extreme heat or cold – do not store in your vehicle
- Table
- Two chairs
- Pens for recording screening results and other documentation
- Class lists and screening documentation forms
- Alcohol-free antiseptic wipes and earphone covers
- Sign noting “Testing in Progress – Quiet Please”

Audiometer Calibrations

Equipment Standards

All audiometric testing equipment shall meet specifications set forth in ANSI S3.6-2010: Specifications for Audiometers.

Listening Check

At the beginning of each screening session, perform a biological check (putting on the earphones and verifying that the tones can be heard at all frequencies at a 20 dB level). If there is any indication that the equipment is not working properly, the audiometer should not be used until repaired (if necessary) and re-calibrated. (Excessively high referral rates during screening may indicate equipment issues).

Minimum Test Specifications

The test environment for both screening and rescreening shall be sufficiently quiet to allow determination of at least a 20 dB hearing threshold level at each of the test frequencies.

Hearing Screening Administration

Students to be screened (as early in the school year as possible)

- All students in first, fourth, seventh, and 10th grade.
- All students newly enrolled in the school system unless there is proof of a current hearing screening.
- All students specifically referred due to suspicion of hearing difficulty.

Students not to be screened or other factors to consider

- Any student who has written documentation by an Indiana physician on file stating a known hearing loss in both ears does not need to be screened. Optimally, a copy of a recent hearing test documenting the type and degree of hearing loss in each ear should be provided. If a student has a unilateral hearing loss (loss only in one ear), the non-affected ear should be screened. Appropriate school personnel must be notified of any student with hearing loss.
- No student should be required to submit to hearing screening testing if a written objection by the parent/guardian is submitted to the proper school authority.
- Any student who is unable to be screened with traditional methods should be referred for follow-up testing with an Indiana physician.

Preparation for screening

Completed by personnel designated in Part 1:

- Schedule hearing screening dates with school principal and personnel early in the school year for students in grades first, fourth, seventh, and 10th.
- Ask school staff to send the names of students suspected of having hearing difficulties in the non-mandated grade levels to the screening personnel.
- Recruit and train additional screening personnel and volunteers as needed.
- Inform staff of screening schedule.
- Arrange for a quiet room in the school away from high-traffic flow, locker areas, music rooms, cafeteria, noisy equipment, etc.
- Notify families regarding the hearing screening dates and the method for notifying the school in writing if their child has an exemption, such as religious beliefs or other reasons mentioned above.
- Secure daily class schedule for use by individuals conducting the hearing screening.

Hearing Screening Procedure

- Visually inspect ears for abnormalities or drainage (automatic failure and referral to a licensed healthcare provider for drainage). Do not place the headset on draining ears.
- For students in first grade or below, place a headset on the child (red for right/blue for left). With the exception of first grade, most students should put their headphones on without assistance. Direct students to put the headphone with the red indicator over the right ear and the blue over the left ear.

- Place the headset directly over the ears. Check proper headphone placement for each child before screening.
- Hearing screening is completed at 20 dB. Do not increase intensity or perform a threshold search.
- Present tone at 1000 Hz, 2000 Hz, and 4000 Hz in the right ear then repeat for the left ear.
- Obtain at least two positive responses at each frequency to ensure accuracy. Do not present more than four times at any frequency.
- Vary the timing of tone presentation to avoid patterns and predictability of presentation.

Pure Tone Screening	1000 Hz	2000 Hz	4000 Hz
Right Ear	20 dB	20 dB	20 dB
Left Ear	20 dB	20 dB	20 dB

Pass: Two correct responses at each frequency for each ear.

Fail: Less than two correct responses at any frequency for either ear.

- If a student fails the initial screening, the screener should check the equipment, remove and reposition the headphones for the student, and rescreen the student.
- Document those students who were screened and the results of the initial hearing screening (see sample hearing screening worksheet in the appendix).

Rescreening Notification

A second hearing screening date should be set as soon as possible, or at least within 60 days of the initial screening date, to screen any students who were missed due to absence or have newly enrolled unless there is proof of a current hearing screening.

It is recommended that all failures should be rescreened two weeks after the initial screening using the same frequencies, levels, and failure criterion by a school nurse, speech/language pathologist, or audiologist.

If screening is completed by trained support personnel or an outside agency, and a student cannot be screened following these guidelines, the school nurse or school-appointed designee must be notified. This may include students who are frightened or crying, students with a developmental delay, or students with a language barrier. The school designee must contact parents to share any hearing results obtained by the school and to refer the child to an Indiana physician.

Parents/Guardians must be notified in writing of a failure on the hearing rescreening and referred to an Indiana physician. This notice should include the importance for timely follow-up to minimize potential educational impact and share community resources available to assist families with hearing exams.

- A referral response form (see sample form in the appendix) which is to be completed by an Indiana physician, should be returned to the speech/language pathologist, audiologist, and/or school nurse.
- Per IC 20-34-3-14 (c), diagnosis and treatment shall be performed only on the recommendation of an Indiana physician who has examined the student.
- If no documentation is received, a follow-up letter should be sent to parents within 60 days of the initial letter.
- If resources are available in the community for assistance with hearing exams, a third follow-up letter should be sent to parents reminding them of these resources.
- It is the responsibility of the school nurse or a designated staff member to inform appropriate school personnel of hearing screening failures.

Records and Reports

A complete and continuous record of all hearing screenings and related recommendations for follow-up and rehabilitation shall be maintained by the school corporation or charter school.

Documentation of the hearing screening results should be included as part of each student's permanent record clearly indicating:

- The date of the hearing screening.
- The results of the screening for each ear on each test given.
- Any pertinent referral and follow-up comments.

Complete hearing records should accompany transferring students according to school policy. Hearing screening records should be kept for five years after educational services have been provided to the student.

Screening Students with Special Needs

Students with special needs may require more screening effort to obtain reliable responses. They may have short attention spans, limited language skills, processing difficulties, or possible fear of new situations and unfamiliar adults. When planning, organizing, and implementing a hearing screening program, considerations must be made for screening students with special needs. It may be appropriate to set aside a time and setting away from the mass school screening so more time and attention can be provided to the student.

Implementation procedures, such as planning, referring, recording, and follow-up, for students with special needs are done in the same manner as the routine hearing screening procedures outlined in these guidelines.

If a student has an Individual Education Plan (IEP), documentation of the hearing screening should be included in their plan. Record the date of the screening, the results, and any barriers to screening that occurred. If the student was referred for evaluation, include any hearing accommodations suggested by an Indiana physician.

Sample Forms and Documentation

Parent Hearing Screening Information

Hearing screening information must be shared with parents before the screening takes place. This notice can be given via a letter, text or voice mail message, the school website, and/or a school newsletter. Items to share with parents include:

- Date of the screening.
- School procedure for parents to decline to have their child screened.
- Screening results will not be sent home if a student passes the screening.
- Screening results will be sent home for any student that fails the screening.
- Name and contact information of school personnel to call for screening results or questions.

Sample Parent Hearing Screening Notification Letter

(Replace title and insert School Letterhead)

Dear Parent or Caregiver,

Hearing is important to your child's ability to learn and progress at school. Indiana state law requires schools to screen students in grades first, fourth, seventh, and 10th. Hearing screening will take place on the following date(s): (insert date here).

Hearing screening is a very simple procedure and will take only a few minutes. If you do not want your child to participate in the screening, please (insert school process here).

No report will be sent home if your child passes the hearing screening. If the screening results indicate your child may have a hearing problem, the results will be shared with you. If you have any questions about the hearing screening process or wish to talk with school personnel, please contact:

School Personnel Name: _____

School Personnel Phone Number: _____

School Personnel Email: _____

SCHOOL: _____ GRADE: _____
TEACHER: _____ DATE: _____

[illegible]

Sample Hearing Referral and Response Form

(Replace title and insert School Letterhead)

Dear Parent: Your child recently participated in the school hearing screening program. The results (shown below) of the school screening indicated that your child may have a hearing problem that would benefit from further attention. It is therefore recommended that your child be seen by an Indiana physician for further evaluation.

Please have your child's provider fill out the bottom of this form and return the completed form to your child's school. Thank you for your cooperation.

Screened by: _____ Contact Information: _____

School Hearing Screening Results

Student's Name: _____ Teacher: _____

Right

1000 Hz	2000 Hz	4000 Hz

Left

1000 Hz	2000 Hz	4000 Hz

Key: P = Pass F = Fail (F = Less than two correct responses at any frequency for either ear.)

Dear Healthcare Provider: This student's hearing screening indicated that they may have a hearing problem. Your cooperation in completing this form will help the school make appropriate modifications for this student. Please return this form to the parent or the school at (insert school fax number).

Healthcare Provider's Results

Right Ear: _____ Left Ear: _____ Temporary Loss: _____ Permanent Loss: _____

Diagnosis: _____

Treatment and Recommendations:

Will the student be returning to you for further care? ☐ Yes ☐ No

Date Seen: _____ Provider's Name: _____

Provider's Signature: _____