MID-DELTA HEAD START

Hearing Screening for Preschool Children

Child__________________________________ Date__________ Age_____

Completed by (name and position) ____________________________________________________

_____ 1. Hearing was not screened today.
Vision was screened with **passing results** within the last five months.

Date screened:______________ by:______________________

_____ 2. Screened today with a **Pure Tone Audiometer**.

____ Passed at 30 DB (decibel) value or lower in both right and left ears.
(Screened at 1000 and 2000 speech range.)

____ Could not be conditioned to the screening procedures; however, hearing **appeared to be functional**.

____ Did not respond correctly at 30 DB value in _____right _____left.
Recommend re-screening in the near future.

____ Could not be conditioned to screening procedures. Unsure if hearing is functional. Recommend re-screening in the near future.