

HEARING SCREENING

Student's Name _____

School _____ Grade _____ Teacher _____

TO BE COMPLETED BY CLASSROOM TEACHER:

Dear Parent/Guardian:

Your child has exhibited the following behaviors, which indicated a possible hearing problem:

- _____ Seems inattentive to auditory tasks.
- _____ Mouth breathing, draining ears, or earache complaints.
- _____ Frequent requests to repeat what has just been said.
- _____ Irrelevant answers to questions.
- _____ Indistinct speech.
- _____ Watching the lips of the speaker.
- _____ Talking either too loudly or too softly.
- _____ Makes mistakes in following directions and taking dictation.

Comments: _____

With your permission, our school nurse can perform a hearing screening. Please complete the next section of this form and return it to me.

_____ Date _____ Teacher's Signature

TO BE COMPLETED BY PARENT/GUARDIAN:

_____ I give my permission for my child to be given a hearing screening by the school nurse.

OR

_____ I do not give my permission for my child to be given a hearing screening by the school nurse.

Comments: _____

_____ Date _____ Parent's Signature

TO BE COMPLETED BY THE SCHOOL NURSE:

Your child's hearing was checked at school today and the following results obtained:

- Hearing is found to be normal.
- He/she needs to see a doctor because:
 - He/she was unable to pass the hearing screening.
 - The ear canal is impacted with wax.
 - Other: _____
 - _____
 - _____

Comments: _____

If you have questions or are in need of assistance, feel free to contact me at the telephone numbers below or leave a message for me at your child's school

Date School Nurse's Signature

TO BE COMPLETED BY PROFESSIONAL EXAMINER:
PHYSICIAN'S FINDINGS AND RECOMMENDATIONS:

Student's Name

- No significant findings at this time.
- Treatment necessary and prescribed.
- Referred to consultant for further evaluation.

Comments: _____

Date Physician (Please Print)

Physician's Signature

RETURN COMPLETED FORMS TO SCHOOL NURSE FOR DOCUMENTATION AND FILING

Telephone Numbers: (434) 432-2761 – (434) 793-1624 (Danville) – (434) 656-6248 (Gretna) – Fax (434) 432-2893