Hearing Screening Record Form

School Year

Name	Age	Date

Grade	School	Tester

For Pure Tones

Put a "P" (pass) under the column marked "R" (right) if the child hears all three test tones in the right ear. Put a "R" (refer) under this column if the child does not hear all three test tones. Do the same for the left ear.

For Tympanometry

Put a "WNL" (within normal limits)

Put the amount of negative pressure or flat if the child fails.

Do the same for the left ear.

Name of Student	1st Screening				2nd Screening				Date of 2nd Screening	Referral letter sent
	Pure Tones		Tympanometry		Pure Tones		Tympanometry			
	R	L	R	L	R	L	R	L		