

**MIDWESTERN INTERMEDIATE UNIT IV
HEARING SCREENING**

	Right	Left
Pass	<input type="checkbox"/>	<input type="checkbox"/>
Recheck	<input type="checkbox"/>	<input type="checkbox"/>
Medical Referral	<input type="checkbox"/>	<input type="checkbox"/>

*See Results Below

Name: _____ Grade: _____ Age: _____

Date of Evaluation: _____ Program/Location _____

Screener: _____ Suzann Ivory, M.S., CCC-A _____ Matt Schomburg, Au.D., FAAA
 _____ Monique Tabak, Au.D., CCC-A _____

PURETONE (PT) (HEARING) (SCREENED AT _____ dB ANSI, 1969)

	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
Right Ear						
Left Ear						

_____ Did Not Test (DNT) _____ Could Not Condition (CNC) _____ Play Audiometry

TYMPANOMETRY (TYMP) (Middle Ear Function)						
	Normal	Abnormal	CNT	Pressure	Comp.	P.V.
Right Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Left Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

OTOSCOPIC EXAM (View of Eardrum)				
	Normal	Abnormal	Tube Visible	Wax Present
R ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTOACOUSTIC EMISSION (OAE) (OBJECTIVE SCREENING)

	2000 Hz	3000 Hz	4000 Hz	5000 Hz	CNT	Refused Probe
Right Ear					<input type="checkbox"/>	<input type="checkbox"/>
Left Ear					<input type="checkbox"/>	<input type="checkbox"/>

P – Present A - Absent N-Noise

SCREENING RESULTS

	Puretone Screening		Tympanometry		OAEs		Otoscopic Exam	
Right	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass
Left	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass

RECOMMENDATIONS:

- ☐ No further recommendations at this time.
- ☐ Hearing should be rescreened by school nurse or Speech Therapist prior to further recommendations.
- ☐ Parent/Guardian should monitor for signs of possible ear infection(s) and seek medical attention as needed.
- ☐ Parent/Guardian should share today's findings with the student's physician.
- ☐ Continue under current medical treatment as directed by his/her physician.
- ☐ A medical referral is warranted to investigate, counsel, and or treat today's findings. ☐ Right Ear ☐ Left Ear
- ☐ A hearing and/or middle ear screening should be completed after medical treatment.
- ☐ Annual recheck to monitor hearing sensitivity and middle ear function.
- ☐ Preferential seating, close to the teacher and away from noise, in all classes.
- ☐ Speech Therapist to work on conditioning for play audiometry and/or student comfort with wearing headphones.
- ☐ Traditional hearing/middle ear screening methods could not be completed today.
- ☐ If hearing concerns arise, parents should discuss with pediatrician and seek a referral to a pediatric ENT/Audiologist.