

Elmont School District

Elmont, New York 11003

HEARING SCREENING PARENT/GUARDIAN NOTIFICATION RESULTS AND REFERRAL

Student Name: _____ DOB: ___/___/___ Date: _____

Address: _____

School Name: _____ School Phone: _____

Dear Parent/Guardian:

- Your child was screened for hearing at school and no issues were noted.
- Your child was screened for hearing at school, he/she had some trouble. Screening results do not always mean there is a problem. Please have your child's ears examined by a health care professional and ask them to complete this form. Return the completed form to the school as soon as possible.
- Staff observations attached.

Screening Results

O = Right Ear X = Left Ear	Frequency in Hertz					Grade 7 & 11 *	
	500	1000	2000	3000	4000	6000	8000
20 dB							
25 dB							
30 dB							
35 dB							
40 dB							
45 dB							
45 dB							
50 dB							
55 dB							
60 dB							
65 dB							

School Health Professional: _____ Date: _____

* Additional test frequencies of 6000 & 8000 Hz for students in grade 7 & 11

Report of Professional Audiometric Examination to the School

Date of examination : _____ Next appointment : _____

Findings: Decibel Loss (R) _____ Decibel Loss (L) _____ Etiology: _____

- Mild Hearing Loss (21-40 dB) Moderate hearing Loss (41-59 dB)
- Severe Hearing Loss (60-85 dB) Profound Hearing Loss (85 dB or more)

Plan:

- | | |
|---|--|
| <input type="checkbox"/> No Treatment at this time
Hearing Aide <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear | <input type="checkbox"/> No Accommodations Needed

<input type="checkbox"/> Accommodations |
|---|--|

Medical Provider: _____ (Signature) _____ (Phone) _____ (Date)

For school use : Completed form received on date: _____