

**Hearing Screening Program  
Report Completion & Submission Guidelines  
2014/2015**



**Completion Guidelines:**

- Report can be filled in manually or using PDF fillable form found on website ([www.azdhs.gov/phs/owch/children/sensory.htm](http://www.azdhs.gov/phs/owch/children/sensory.htm))
- Attach copies of Screening Certificates for each screener associated with the report.
- **Submit one report form for each school** (Includes students enrolled throughout the school year)
- **All Special Education** students must be screened annually. (This includes students over 16)
- Ungraded student should be categorized by their age equivalent grade
- Use school address rather than district address

**Submission Guidelines:**

- As of April 1, there are three (3) submission options. Completed reports can be emailed, mailed or faxed.
- **SUBMIT COMPLETED REPORT TO ADHS BETWEEN APRIL 1 AND JUNE 30 of the CURRENT SCHOOL YEAR using one (1) of the options below:**

**Email:** [hearingscreeningreport@azdhs.gov](mailto:hearingscreeningreport@azdhs.gov)

OR

**Mail to:**

ADHS/BWCH SENSORY PROGRAM  
150 North 18<sup>th</sup> Avenue, Suite 320  
Phoenix, Arizona 85007-3242  
602-364-2446 602-542-1843 Fax  
[www.azdhs.gov/phs/owch/children/sensory.htm](http://www.azdhs.gov/phs/owch/children/sensory.htm)

OR

**Fax:** (602) 542-1843

**Checklist—Don't Forget to Include:**

- Complete** School Information
- Date (s)** Screening performed
- Name(s) of Screener(s)**
- Copy of **Hearing Screening Certificate** for each screener, include OAE & Tympanometer
- Equipment Calibration **Date** if used own equipment
- Submit report using one (1) of the submission options



**HEARING SCREENING PROGRAM REPORT**  
 (PLEASE COMPLETE ALL SECTIONS OF THIS REPORT)

I have read the *Report Completion & Submission Guidelines* on page 1 of the document

<b>Complete Name of School:</b>		<b>District:</b>	<b>Phone #</b>
<b>School (not district) Address:</b>		<b>City:</b>	<b>Zip Code:</b> <b>Fax #</b>
***(Attach certificates valid at time of screening) <b>Screening Performed By:</b> _____  <b>DATE(S) Screening Performed:</b> _____		<input type="checkbox"/> Screener(s)–Attach Copy of Hearing Screening Certificate*** <input type="checkbox"/> Audiologist–Fill in License #: _____ (if applicable)	<b>School Year:</b> <b>2014-2015</b>

<b>Report Completed By:</b>	<b>TITLE:</b>	<b>DATE:</b>
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<b>Equipment Calibration DATE:</b>	<input type="checkbox"/> <u>OR</u> <input type="checkbox"/> ADHS Equipment was used	Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Other
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**Type of Equipment Used:** (*Select all that apply*; write in grades screened under each type or indicate "All grades" for each equipment when applicable) **Certificates must reflect usage.**

Audiometer used for grades: \_\_\_\_\_     
  Tympanometer used for grades: \_\_\_\_\_     
  OAE used for grades: \_\_\_\_\_

SCHOOL GRADES	Number of students enrolled at initial screening	Number of students not screened	Number of students screened this year	Number of students that <u>did not</u> pass first screen	Number of students that received second screen	Number of students that <u>did not</u> pass second screen	Number of students evaluated by medical provider	Number of students evaluated by audiologist	Number identified Deaf or hard of hearing this year	COMMENTS
Preschool										
Kindergarten										
First										
Second										
Sixth										
Ninth										
<b>Special Ed.</b> <small>(not to be included in #s above or below)</small>										
<b>Other</b> (students screened other than grades listed above)										