Arizona Department of Health Services

HEARING SCREENING PROGRAM REPORT

(PLEASE COMPLETE ALL SECTIONS OF THIS FORM)

School Year: 2015-2016 **CTDS No.:_____**

Full Name of School:	District Name:		Phone #
School Address (not district):	City:	Zip Code:	Fax #
Screening Performed By:_____ *Attach hearing screener(s)' certificates valid at time of screening (must reflect training on equipment)	❑ Screener(s)		❑ Audiologist: License #_____

Screening Performed (mm/dd/yyyy), (/mm/dd/yyyy): _____

Report Completed By:(print name)_____ _____ **Title:**_____**Date:**_____

Equipment Used: ❑ **School Equipment (Calibration Date(s)** (mm/dd/yyyy):_____

❑ **ADHS Equipment**

Type of School: ❑ Public ❑ Private ❑ Charter ❑ Preschool ❑ Kindergarten ❑ Other

Type of Equipment Used (*select all that apply*;): Indicate the grades screened for each type of equipment used.

❑ **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 did not pass first screen	Number of students that received second screen	Number of students that did not pass second screen	Number of students evaluated by medical provider	Number of students evaluated by audiologist	Number of students identified Deaf or hard of hearing this year	COMMENTS
Preschool										
Kindergarten										
First										
Second										
Sixth										
Ninth										
Special Ed. (not to be included in #s above or below)										
Other (students screened other than grades listed above)										