

INSTRUCTIONS

CTDS No.: County, Type, District, School Number is the number assigned by the Department of Education to each school.

Full Name of School: Write full name of school, not just initials.

District Name: fill in the full school district name

Phone Number: phone number for the school administration office

School Address: complete the mailing address, city, zip code for the school the hearing screening information is being reported.

Fax #: fax number for school administration office

Screening Performed By: Name of the person coordinating the screenings for the school.

Screener(s): Check this box if your school used screeners to conduct hearing screenings at the school.

Audiologist: Check this box if your school used audiologist (s) to conduct hearing screenings at the school. Include audiologist license number.

Screening Performed (mm/dd/yyyy): Put in the dates you conducted screenings.

Report Completed By: Print the name of the person completing the report. It may not be the person conducting the screenings.

Title: Print the title of the person completing the hearing screening report.

Date: Put the date the hearing screening report is completed.

Equipment Used: (Check all of the boxes that are applicable.)

- School Equipment: Schools using their own equipment must fill in the most recent calibration date for each of their equipment.
- ADHS Equipment: Check this box if you use ADHS loan equipment to conduct screenings.

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

Type of School: (Check all that apply for the school being reported.)

Please fill in the numbers by grades for all of the students screened during the school year.

Number of Students Enrolled at Initial Screening:

Number of Students not Screened:

Number of Students Screened this Year:

Number of Students that Received 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: Attach an additional sheet for comments. Please indicate which grade or column you are making a comment about on the form.