

**HEARING SCREENING PROGRAM REPORT**  
**PLEASE PRINT ALL AREAS OF THIS REPORT**

<b>NAME OF SCHOOL:</b>				<b>DISTRICT:</b>			<b>PHONE #</b>		
<b>SCHOOL ADDRESS:</b>				<b>CITY:</b>			<b>ZIP CODE:</b>		<b>FAX #</b>
<b>SCREENING PERFORMED BY:</b>				<b>SCREENERS: ATTACH COPY OF CERTIFICATE ***</b>		<b>Audiologist License # (if applicable)</b>		<b>School Year:  2007-2008</b>	

<b>Report Completed by:</b>				<b>TITLE:</b>			<b>DATE:</b>		
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<b>Equipment Calibration Date:</b>				<b><u>OR</u> Check here if ADHS Equipment was used <input type="checkbox"/></b>			<b>Type of School:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Preschool <input type="checkbox"/> Accommodation <input type="checkbox"/> Other _____			
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SCHOOL GRADES	Number of students enrolled	Number of students <u>not</u> screened (R9-13-102C)	Number of students who received first screening	Number of students that did not pass first screening	Number of students that received second screening	Number of students that did not pass second screening	Number of students evaluated by medical provider	Number of students evaluated by audiologist	Number identified deaf or hard of hearing this year	Number identified deaf or hard of hearing in previous year(s).	COMMENTS
Preschool											
Kindergarten											
First											
Second											
Sixth											
Ninth											
Special Ed. <small>(not to be included in #s above)</small>											
Other <small>(students screened in grades other than those listed above)</small>											

**Report Completion Guidelines:**

**\*\*\* Screeners attach copies of training certificate to this 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

**SUBMIT COMPLETED REPORT TO ADHS BETWEEN APRIL 1 AND JUNE 30 of the CURRENT SCHOOL YEAR**

**ADHS/OWCH SENSORY PROGRAM**  
 150 North 18<sup>th</sup> Avenue, Suite 320  
 Phoenix, Arizona 85007-3242  
 602-364-1400  
[www.azdhs.gov/phs/owch/sensory.htm](http://www.azdhs.gov/phs/owch/sensory.htm)

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

- Complete School Information
- Name(s) of Screener(s)
- Copy of Hearing Screening Certificate or I.D. Card (for each screener)
- Equipment Calibration Date