

BRANTLEY COUNTY SCHOOLS

SPECIAL EDUCATION HEARING SCREENING FORM

Student's Full Name: _____ School: _____

Examiner: _____ Date: _____

FIRST HEARING SCREENING:

**Modified Screening: 25 dB ISO
1 failure necessitates second screening**

| | 500 | 1000 | 2000 | 4000(Hz) |
|-----------|-----|------|------|----------|
| Right Ear | | | | |
| Left Ear | | | | |

Needs Retest: YES NO

Comments: _____

SECOND HEARING SCREENING:

**Modified Screening: 25 dB ISO
1 failure necessitates complete audiometric evaluation**

Examiner: _____ Date: _____

| | 500 | 1000 | 2000 | 4000(Hz) |
|-----------|-----|------|------|----------|
| Right Ear | | | | |
| Left Ear | | | | |

Needs Audiogram: YES NO

Comments: _____
