

HEARING SCREENING INFORMATION

STUDENT: _____ **DATE:** _____

SCHOOL: _____

**INFORMATION GATHERED THROUGH OBSERVATION AND INTERVIEW WITH
PARENT AND TEACHER**

Does the child:

- _____ Show awareness of environmental sounds (vacuum, blender, phone, etc.) per report of caretaker?
- _____ Show awareness of knocking at the door?
- _____ Show awareness of noisy toys (bell, rattle, squeaky toy, etc)?
- _____ Respond when name is called?
- _____ Show awareness of low frequency sounds (drum the bottom of a milk carton or oatmeal box with a pencil eraser)?
- _____ Show awareness of high frequency sounds (rice in a jar, pop top in an empty can)?
- _____ Imitate oral or environmental sounds?
- _____ Use some word endings?
- _____ Follow simple verbal directions?
- _____ Listen to stories, music, or TV without difficulty?
- _____ Speak using a normal loudness level?
- _____ Speak so most people can understand what is said?
- _____ Come to you when called from another room?
- _____ Show a startle response when presented with a loud noise out of his/her sight such as hands clapping or a spoon banged on the bottom of a coffee can?

Observations:

_____ **Satisfactorily passed the functional hearing screener**

_____ **Did not pass. Recommend further evaluation**