

Clarksville Montgomery County School System
HEALTH SERVICES
MASS HEARING SCREENING RECORDING FORM

School: _____

Grade/Teacher: _____

Date: _____

NOTE: SCREEN AT 20 dB HL - FREQUENCIES 1000 Hz, 2000 Hz, and 4000 Hz. RESCREEN/REFER IF NO RESPONSE (NR).

NAME	RIGHT EAR			LEFT EAR			RESCREEN DATE	RESCREEN RIGHT EAR			RESCREEN LEFT EAR			Refer X
	X IF RESPONSE NR IF NO RESPONSE	X IF RESPONSE NR IF NO RESPONSE	X IF RESPONSE NR IF NO RESPONSE	X IF RESPONSE NR IF NO RESPONSE	X IF RESPONSE NR IF NO RESPONSE	X IF RESPONSE NR IF NO RESPONSE		1000 Hz	2000 Hz	4000 Hz	1000 Hz	2000 Hz	4000 Hz	
LAST NAME, FIRST NAME	1000 Hz	2000 Hz	4000 Hz	1000 Hz	2000 Hz	4000 Hz		1000 Hz	2000 Hz	4000 Hz	1000 Hz	2000 Hz	4000 Hz	

Forward a copy of completed form to the classroom teacher.