



# Pediatric Hearing Screening Results Form

Directions: Use this form for early childhood or school-aged hearing screenings. Provide caregiver/s with a copy of this form, and keep a copy for your records.

## PATIENT INFORMATION:

|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>Child Name:</b> (Last)  | <b>Child Name:</b> (First)  | <b>Date of Birth:</b><br>/ /                | <b>Date of Screening:</b><br>/ / |
| <b>Sex:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Primary Language:</b><br><input type="checkbox"/> English <input type="checkbox"/> Other _____ | <b>Child's School Name:</b> (If applicable) |                                  |
| <b>Parent/Guardian Name:</b> (Last)  | <b>Parent/Guardian Name:</b> (First)  | <b>Phone Number:</b>                        |                                  |

**Select One:**     Initial hearing screen     Final hearing screen

*Note: A second/final hearing screen is not required, but if completed, should be completed 2 weeks following the failed initial hearing screen.*

|   |  |         |         |         |          |          |                  |             |             |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |
|---|--|---------|---------|---------|----------|----------|------------------|-------------|-------------|-------------|------------------|--|--|--|--|--|--|------------------|--|--|-----------------|--|--|--|--|--|--|-----------------|--|--|--|
| <p style="text-align: center;"><b>PURE TONE SCREENING</b></p> <p style="text-align: center;"><i>This is the <u>primary method</u> of hearing screening.</i></p>   | <p style="text-align: center;"><b>AUTOMATED OTOACOUSTIC EMISSIONS (AOAE)</b></p> <p style="text-align: center;"><i>AOAEs should <u>only</u> be completed if the child is developmentally unable to complete pure tone screening.</i></p> |         |         |         |          |          |                  |             |             |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |
| <p style="text-align: center;"><b>RESULTS</b> (If applicable):</p> <p><i>Mark a "P" for "Pass" and "F" for "Fail" for each frequency tested. A Fail at any one frequency for either ear results in a Fail result for the screen. If unable to screen, write "CNT" (Could Not Test) and provide justification in the notes section below.</i></p> <p><i>*Use 6-8 kHz if your screening protocol includes high-frequency screening.</i></p>   | <p style="text-align: center;"><b>RESULTS</b> (If applicable):</p> <p style="text-align: center;"><i>A "Fail" for either ear results in a fail result for the screen.</i></p>  |         |         |         |          |          |                  |             |             |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">500 Hz</td> <td style="text-align: center;">1000 Hz</td> <td style="text-align: center;">2000 Hz</td> <td style="text-align: center;">4000 Hz</td> <td style="text-align: center;">6000 Hz*</td> <td style="text-align: center;">8000 Hz*</td> <td></td> <td style="text-align: center;"><b>Pass</b></td> <td style="text-align: center;"><b>Fail</b></td> </tr> <tr> <td style="text-align: center;"><b>Right Ear</b></td> <td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;"><b>Right Ear</b></td> <td></td><td></td> </tr> <tr> <td style="text-align: center;"><b>Left Ear</b></td> <td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: center;"><b>Left Ear</b></td> <td></td><td></td> </tr> </table> |  | 500 Hz  | 1000 Hz | 2000 Hz | 4000 Hz  | 6000 Hz* | 8000 Hz*         |             | <b>Pass</b> | <b>Fail</b> | <b>Right Ear</b> |  |  |  |  |  |  | <b>Right Ear</b> |  |  | <b>Left Ear</b> |  |  |  |  |  |  | <b>Left Ear</b> |  |  |  |
|   | 500 Hz   | 1000 Hz | 2000 Hz | 4000 Hz | 6000 Hz* | 8000 Hz* |                  | <b>Pass</b> | <b>Fail</b> |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |
| <b>Right Ear</b>  |  |         |         |         |          |          | <b>Right Ear</b> |             |             |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |
| <b>Left Ear</b>   |  |         |         |         |          |          | <b>Left Ear</b>  |             |             |             |                  |  |  |  |  |  |  |                  |  |  |                 |  |  |  |  |  |  |                 |  |  |  |

## RESULTS AND RECOMMENDATIONS:

- Passed hearing screen for both ears.** Follow-up with primary care physician if concerns of speech and/or hearing arise.  
Select type of test used below.
  - OAE (if selected, provide comments below explaining why pure tone screening could not be completed.)
  - Pure Tone Screening
  
- Failed hearing screen.** Select all that apply.
  - Return in two weeks to rescreen hearing.
  - Child should be seen by a pediatric audiologist for a hearing evaluation as soon as possible.
  - Child should be seen by primary care physician for medical evaluation.
  
- Did Not Test/Could Not Complete.** (If checked, select reason below)
  - Child is unable to complete task due to developmental level
  - Child is averse to wearing headphones
  - Could not maintain seal to complete screen
  - Child is averse to tip placement
  - Other (must explain): \_\_\_\_\_



Scan to find a pediatric audiologist

### NOTES/COMMENTS:

|  |                          |                           |
|--|--------------------------|---------------------------|
| <b>Screener's Name</b> (Please print): | <b>Screener's Title:</b> | <b>Date of Screening:</b> |
|--|--------------------------|---------------------------|

**Screener's Signature:** \_\_\_\_\_

*By signing, I certify that the child has received the hearing screen, and the results are accurate to the best of my knowledge.*