



Audiometric Screening for Hearing Impairment

(Report for Multidisciplinary Evaluation Team)

Name: _____ Screening Date: _____

School: _____ Grade: _____

Screening results indicate normal hearing acuity in both ears. (ASHA screening criteria, 20dB at 1,2 and 4 kHz).

Failed the screening test. A referral has been made for a complete audiometric evaluation with the district audiologist.

Comments: _____

Speech Clinician