CLASS LIST

Hearing Screening

School _____
Date _____ Grade _____ Room _____
Audiometrist _____
Audiometer _____

☐ ANSI

		Threshold only	Screening or Threshold			Passed Hearing Screening at 25 dB	Unable to Screen (See Comments)	Threshold Testing Required	**Key to Recorded Information:** + Responded at the 25 dB Screening Level — No Response at 25 dB **Comments:**
Child's Name	**Ear**	**500**	**1000**	**2000**	**4000**				
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