

The School Board of Taylor County
Exceptional Student Education
Sensory Screening Report

Student: _____ Student Number: _____

DOB: _____ Gender: _____ Grade: _____ School: _____

Sensory Information

Hearing Date: _____ Comments: _____

Audiometric Screening at 25dB

First Screening

	500 Hz	1000 Hz	2000 Hz	4000 Hz	
Right Ear					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left Ear					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Examiner Signature: _____ Date: _____

Second Screening

	500 Hz	1000 Hz	2000 Hz	4000 Hz	
Right Ear					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left Ear					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Examiner Signature: _____ Date: _____

Audiological Evaluation Date: _____ Results: _____

Vision

Date: _____ Wears Glasses: Yes No Screening Results: _____

Right: ____/____ Left: ____/____ Further Evaluation Required: ____ Yes ____ No

Instrument Used: _____

Comments: _____

Examiner Signature: _____ Date: _____