PINELLAS COUNTY SCHOOLS

SCHOOL HEALTH SERVICES

HEARING SCREENING SUMMARY REPORT

SCHOOL _____ DATE _____

TOTAL SCREENED _____ TOTAL PASSED _____ TOTAL DID NOT PASS _____ TOTAL ABSENT _____

SPEECH PATHOLOGIST: WHEN FOLLOW-UP COMPLETED, PLEASE RETURN TO SCHOOL NURSE _____ BY MAY 1ST.

Screening Team Referral Report			Follow-up Speech Pathologist Report		
Grade Level	Reason Did Not Pass	Student Name	Date of Rescreening	Results of Rescreening	Outcome
			Completed by Speech pathologist		
			Print Name _____		

DID NOT PASS = non-testables, hearing aid users, deaf or hard of hearing or students who did not pass the test.

KEY

Total students with hearing aids _____

NT = Non-testable
DHH = Deaf or hard of hearing

N = Did Not Pass
HA = Hearing Aid

5 = 500 @ 25/30 MHz
1 = 1000 @ 25 MHz
2 = 2000 @ 25 MHz
4 = 4000 @ 25 MHz

FOR FOLLOW-UP

P = Parent contacted
HN = Did not pass-did not receive treatment
HT = Did not pass-received treatment
HY = Passed
HR = Hearing Referral
L/S = Letter sent