

REPORT OF HEARING EVALUATION AND REPORT TO SCHOOL

Michigan Department of Health and Human Services

Health Department/County			
Name		Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Parent		Phone #	Grade
Address		City, State, Zip	
District/School			ID#

History		Yes	No	Test Conditions						
				Quiet	1	2	3	4	5	Noisy
Cold at Time of Test		<input type="checkbox"/>	<input type="checkbox"/>	Child's Response						
Earaches		<input type="checkbox"/>	<input type="checkbox"/>							
Medical Attention for Ears		<input type="checkbox"/>	<input type="checkbox"/>							
				Sure	1	2	3	4	5	Not Sure

AUDIOGRAM - Frequencies in Hertz

Outcome		250	500	1000	2000	4000	8000
<input type="checkbox"/> Normal Audiogram	Right Ear Air						
<input type="checkbox"/> Known Loss	Unmasked Bone						
<input type="checkbox"/> Under Care	Left Ear Air						
<input type="checkbox"/> UTS (unable to screen)	Hearing Level in Decibel (A.N.S.I. 1969)						
<input type="checkbox"/> Medical Referral (see below)	Otoacoustic Emissions			Preliminary Screening/Outcome			
MDHHS Referral Criteria met	<input type="checkbox"/> Pass	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Pass	<input type="checkbox"/> R	<input type="checkbox"/> L	
<input type="checkbox"/> Air Conduction; <input type="checkbox"/> R or <input type="checkbox"/> L	<input type="checkbox"/> Refer	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Refer	<input type="checkbox"/> R	<input type="checkbox"/> L	Date_____
<input type="checkbox"/> Air/Bone Gap							
<input type="checkbox"/> Difference Between Ears							
<input type="checkbox"/> History							

Classroom Recommendations

If the audiogram meets any of the above Referral Criteria, Strategic Seating is recommended.

This is defined as:

1. Child sitting in close proximity to sound source.
2. Child should have visual and auditory access to classroom activities.
3. Child should be allowed to change location within the classroom to facilitate best auditory access.

Remarks		
Date	Test Number	Technician

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: ACT 368, PA 1978.