



Lowndes County  
Board of Education Head Start



**HEARING ASSESSMENT FORM HEA-251**

Attending Doctor:

This child's hearing was recently screened at school, and a professional hearing assessment was recommended based on the results of the screening. Please evaluate and complete the report form and fax it to Lowndes County Board of Education Head Start at 334-548-2021.

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Otoscopic Impressions** (WNL= within normal limits, R= right, L= left)

**External Ear:** \_\_\_\_\_ **Cerumen:** Minimal \_\_\_\_\_  
 Moderate \_\_\_\_\_  
 Obstructed \_\_\_\_\_

**Hearing Screening**

Pure Tone Air Conduction Thresholds \_\_\_\_\_ Audiometer: \_\_\_\_\_

Ear	250 Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
Right						
Left						

**Pass**

**Fail**

**Recommendations:**

\_\_\_\_\_ **Rescreen Recommended on** \_\_\_\_\_ **(date)**

\_\_\_\_\_ **Ear, Nose, & Throat Consultation**

\_\_\_\_\_  
Physician/Screen Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Screeners's Signature or Stamp