

Hearing Screening Annual Report

Grade	Number Screened	Number Rescreened	Equipment Used Audiometer/OAE/TYMP	Number Referred	Number of Referrals Completed
Preschool					
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
7 th					
8 th					
9 th					
10 th					
11 th					
12 th					
SPED					
Total					

School Name _____ IRN _____ Submitted By _____

Address _____

City _____ Zip Code _____

County _____ Phone Number _____