

**The Ohio Department of Health • Bureau of Child and Family Health Services
Hearing Screening Annual Report**

School Name					
Grade	Number Screened	Number Rescreened	Number Referred	Follow-Up Results	TOTAL
Preschool				Number of Completed Medical	
Kindergarten				Number of Referrals Not Completed	
1 st				TOTAL	
2 nd				Diagnosis	
3 rd				1. Conductive Losses	
4 th				a. Canal Obstruction	
5 th				b. Otitis Media	
6 th				c. Other	
7 th				2. Non-Organic (Malingering)	
8 th				3. Sensorineural	
9 th				4. Mixed	
10 th				5. Normal Findings	
11 th				TOTAL	
12 th					
SP ED					
TOTAL					