



HEARING RESCREENING WORKSHEET

RESCREENING SITE _____ TECHNICIAN(S) _____

SCHOOL DISTRICT/PROGRAM _____

RESCREENING DATE _____ TEACHER _____ ROOM # _____

	SECOND SCREENING - NAME	GRADE / AGE	PASS	THRESHOLD	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

FOLLOW-UP DATA

	REFERRALS - NAME	GRADE / AGE	DIAGNOSIS	DATE	REFERRED: SPEC. ED.
1					
2					
3					
4					
5					
6					

SCREENING SUMMARY

	1	2	3	4	5
	NUMBER SCREENED	NUMBER RESCREENED	NUMBER OF THRESHOLDS	THRESHOLDS: KNOWN CASES AND MONITORING	NUMBER REFERRED
PRE-SCHOOL					
GRADE					