FUNCTIONAL HEARING SCREENING

 Show awareness of noisy toys (bells, rattle, squeaky toy)? Respond to name when called? Show awareness of low frequency sounds (drum bottom of oatmeal box with pencil eraser or milk carton)? Show awareness of high frequency sounds (pop top in an empty can or rice in jar)? Interact verbally or with gestures? Is imitation of speech present? Speak using a normal loudness level? Speak so most people can understand what is said? Eyes and/or head turn toward a voice? Come when called from another room? React to (not necessarily stop) an activity when he/she hears "No! No!" Does student present with startle response when presented with a loud noise such as hands clapping? 			School Year		
A functional vision/hearing response screener is appropriate if the student fails the vision/hearing screening and rescreening is unwarranted due to the functioning level of the student: cannot follow directions, is unable to be conditioned for the testing situation, is unable to adapt to the screening situation, and/or refuses to cooperate in the screening situation. Does student: 1. Show awareness to environmental noise, i.e. vacuum, tv, phone, etc.? Yes No. 2. Show awareness of noisy toys (bells, rattle, squeaky toy)? Yes No. 3. Respond to name when called? Yes No. 4. Show awareness of low frequency sounds (drum bottom of oatmeal box with pencil eraser or milk carton)? Yes No. 5. Show awareness of high frequency sounds (pop top in an empty can or rice in jar)? Yes No. 6. Interact verbally or with gestures? Yes No. 7. Is imitation of speech present? Yes No. 8. Speak using a normal loudness level? Yes No. 9. Speak so most people can understand what is said? Yes No. 10. Eyes and/or head turn toward a voice? Yes No. 11. Come when called from another room? Yes No. 12. React to (not necessarily stop) an activity when he/she hears "No! No!" Yes No. 13. Does student present with startle response when presented with a loud noise such as hands clapping?			Grade		
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noise such as hands clapping? Yes No				Yes	No
14. Does student respond to songs sung to him/her? Yes No				Yes	No
	14	11 0		Yes	No
Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming.		E .	e considered in asses	sment an	ıd
Examiner: Date: Teacher/Parent: Date:					

*Attach to Hearing Screening Form