



Global Village Academy

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HEARING SCREENING

Students' Name: _____ Date of Birth: _____

Screening Date: _____

PURE TONE HEARING SCREENING RESULTS:

	1000	2000	4000	Observation/Comments
RIGHT EAR	Pass _____ (20dB) Not Pass _____	Pass _____ (20dB) Not Pass _____	Pass _____ (20dB) Not Pass _____	
LEFT EAR	Pass _____ (20dB) Not Pass _____	Pass _____ (20dB) Not Pass _____	Pass _____ (20dB) Not Pass _____	

TYMPANOMETRY: Right Ear _____ Left Ear _____

CHECK ONE:

- Within Normal Limits
- Needs Recheck
- Needs Referral

Comments: _____

Doctor's Name: _____ Doctor's Signature _____

Address _____

City _____ State _____ ZIP _____

CONTENT AND RELEASE OF INFORMATION

I, _____ (*parent/guardian*) of the above named child, hereby authorize the provider completing this report to return this completed form to: **GLOBAL VILLAGE ACADEMY** for the specific purpose of notifying the school of any specific hearing problems, recommendations and instructions for teachers related to the child's hearing problems. This authorization expires upon submission of the completed form to the above named school.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services or eligibility for benefits for my child; however, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs for my child.

(Signature of parent/guardian)

(Date)