



Great Prairie

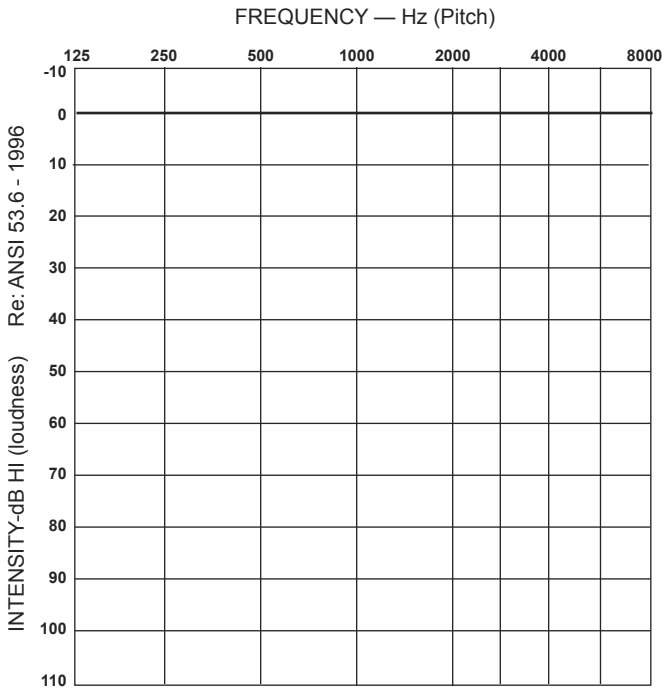
AREA EDUCATION AGENCY

Hearing Conservation/Education Services

AUDIOLOGICAL REPORT

STUDENT INFORMATION

STUDENT NAME	SEX	BIRTHDATE	AGE	AUDIOLOGIST
ADDRESS	PHONE		GRADE	TEACHER
PARENT NAME	SCHOOL BUILDING	DISTRICT		SCHOOL PHONE



EAR	P/T AV. 500-2000	SRT	HL	PB %	S/N %
RIGHT					
LEFT					
SF Unaided					
SF Aided					

AUDIOMETER: _____
 REFERENCE: ANSI 1969
 PARENT CONTACTED ___/___/___

KEY TO AUDIOGRAM

EAR	R	L
A/C	O	X
A/C Masked	△	□
B/C	<	>
B/C Masked	[]
No Response	✓	∨
COLOR	Red	Blue
Unaided SF	S	
Aided SF	A	

SCRN	RFT	REC	Program Status		EC
PASS	KL	RCK	REG	SP	N
FAIL	REF	TC	MD	SL	NES
ABS	NEW	MR	LD	DF	PES
	PM	AR	BD	DD	ES
OFFICE	SPEC	AE	PD		
SCH	RCK	PS	VI		
CRD		EF	HI		
CF	NI	N	CM		

TYMPANOMETRY				
	TYMP.	PRES.	PEAK COMP.	CANAL VOL.
R				
L				

EDUCATIONAL CLASSIFICATION OF HEARING LOSS

- ___ (N) Normal Hearing
- ___ (NES) Non-Educationally Significant
- ___ (PES) Potentially-Educationally Significant
- ___ (ES) Educationally-Significant
- ___ Pass OAES R ___ Refer OAE R ___ Pass AABR R ___ Refer AABR R
- ___ Pass OAES L ___ Refer OAE L ___ Pass AABR L ___ Refer AABR L

Comments/Recommendations
