

Arkansas Department of Health
Vision & Hearing Screening Program

District of Private School

County

Hearing Screening Annual Summary Form

Mail to Arkansas Department of Education, 2020 W. 3rd St., Suite 320, Little Rock, AR 72205

Instructions: compile aggregate numbers for all grades and report one entire district per form

Number of Students	Special Education	Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12	District Total
Screened																
Rescreened																
Referred																
Received Examination																
Confirmed Ear/Hearing Difficulty By Professional																

Form completed by:

Name of School(s):

Title:

Name: _____

Title: _____

Mailing Address: _____

E-mail Address: _____

Date: _____
