

Arkansas Department of Health

Vision and Hearing Screening Program

Hearing Screening Record Sheet

School: _____ Teacher: _____ Grade: _____ Date: _____ Form VHSP-9 (04-02)

Directions : Write "O" under each frequency the child hears and write "X" under each frequency not heard
 Note: Screening intensity level is 20 dB at the frequencies listed below (DO NOT Screen/Rescreen above this level).

	Name	Screen	Right Ear			Left Ear			R	Observations/Comments
			1000 (1K)	2000 (2K)	4000 (4K)	4000 (1K)	2000 (2K)	1000 (4K)	1000 (1K)	
1		Screen								
		Rescreen								
2		Screen								
		Rescreen								
3		Screen								
		Rescreen								
4		Screen								
		Rescreen								
5		Screen								
		Rescreen								
6		Screen								
		Rescreen								
7		Screen								
		Rescreen								
8		Screen								
		Rescreen								
9		Screen								
		Rescreen								
10		Screen								
		Rescreen								
11		Screen								
		Rescreen								
12		Screen								
		Rescreen								
13		Screen								
		Rescreen								
14		Screen								
		Rescreen								
15		Screen								
		Rescreen								