



Southern Connecticut
State University

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Department of Communication Disorders
Clinical Services
Davis Hall
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HEARING SCREENING

Name: _____ AGE: (if child): _____

DATE OF SCREENING: _____

Level:	25dBHL	20dBHL	20dBHL	20dBHL
Frequency Hz:	500	1000	2000	4000
Right Ear:				
Left Ear:				

Score Code: (+) = Pass; (-) = Fail

PASS _____

REFER _____

Comments:

AUDIOMETER: _____

Student Clinician

Clinical Instructor

