

ALBEMARLE COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL SERVICES  
401 McINTIRE ROAD  
CHARLOTTESVILLE, VA 22902-4595  
(434) 296-5885

**HEARING SCREENING RESULTS**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**PURE TONE**

**TEST**

	500	1K	2K	4K
Right				
Left				

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_

Date: \_\_\_\_\_

**RE-TEST**

	500	1K	2K	4K
Right				
Left				

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_

Date: \_\_\_\_\_

Your child recently underwent a hearing screening. Results indicated the following:

within normal limits for hearing

did not pass

**COMMENTS**

\_\_\_\_\_  
Speech / Language Pathologist