CASE
excellence through collaboration

Itinerant Services Office

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Educational Screening Form for Students with Suspected or Confirmed Hearing Concerns

Student Name: _____ Birthdate: _____ Gender: Male/Female

Primary Language: _____ Grade: ____ School: _____ School Phone: (_____)_____

Teacher: _____ Current related services: _____

Describe any concerns about this student's ability to hear in the classroom:

_____

_____

Do you feel that this child's ability to hear is impacting academic performance? If so, how and how significantly?

_____

_____

Please describe where the student is seated in the classroom:

_____

Does this student use an amplification device? ○ YES ○ NO (if Yes) Type: _____

	If so, is the amplification device worn consistently?	○ YES ○ NO
Does this student have difficulty:	listening in the presence of noise?	○ YES ○ NO
	following verbal directions?	○ YES ○ NO
	discriminating similar-sounding words?	○ YES ○ NO
	starting a task without looking at peers?	○ YES ○ NO
	responding to spoken language?	○ YES ○ NO
Is this child easily frustrated?		○ YES ○ NO
Is this student's attention span shorter than his/her peers?		○ YES ○ NO
Is this student more distractible than others in the classroom?		○ YES ○ NO

This student's overall academic skills? ○ HIGH ○ AVERAGE ○ LOW

Do you feel this student's achievement reflects his/her potential? _____

For modified/assisted programming students, please describe performance, functioning, and school environment:

_____

_____

Additional comments and information: _____

_____

Signed: _____ Title: _____ Date: _____