

Aiken County Public Schools  
Department of Special Programs

**FUNCTIONAL HEARING SCREENING  
RESULTS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Screening Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Does the child: (observed and/or reported by parent/caregiver)

- \_\_\_\_\_ Show awareness of environmental sounds (vacuum, blender, phone, etc.)?
- \_\_\_\_\_ Show awareness of knocking at the door?
- \_\_\_\_\_ Respond when name is called?
- \_\_\_\_\_ Listen to stories, music, or TV without difficulty?
- \_\_\_\_\_ Speak using a normal loudness level?
- \_\_\_\_\_ Speak so most people can understand what is said?
- \_\_\_\_\_ Come to you when called from another room?
- \_\_\_\_\_ Follow simple verbal directions?
- \_\_\_\_\_ Imitate oral or environmental sounds?
- \_\_\_\_\_ Use some word endings?
- \_\_\_\_\_ Show awareness of noisy toys (bell, rattle, squeaky toy, etc.)?
- \_\_\_\_\_ Show awareness of low frequency sounds (drum the bottom of a milk carton or oatmeal box with a pencil eraser)?
- \_\_\_\_\_ Show awareness of high frequency sounds (rice in a jar, pop top in an empty can)?
- \_\_\_\_\_ Present a startle response when presented with a loud noise such as hands clapping or a spoon banged on the bottom of a coffee can?

Observations:

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Determination:

- \_\_\_\_\_ Satisfactorily passed the functional hearing screening
- \_\_\_\_\_ Did not pass / Recommend complete audiological evaluation