

# Pure Tone Screening Form



Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Program \_\_\_\_\_ Child's ID # \_\_\_\_\_



Screen 1 Date \_\_\_/\_\_\_/\_\_\_ Screener \_\_\_\_\_

- ◆ **Conduct Visual Inspection** (consult HCP/obtain medical clearance when necessary)
- ◆ **Condition** child to respond to tones at 60 and 40 dB levels
- ◆ **Screen** (Right Ear first, then Left Ear)

Child's Left Ear	Child's Right Ear
Conditioned response check 2000 Hz (60 dB) _____	Conditioned response check 2000 Hz (60 dB) _____
(20 dB) Screening	(20 dB) Screening
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____
1000 Hz _____	1000 Hz _____
Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass	Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass

For each tone presented, document:  
 ✓ **Response** or  
 - **Non-response**  
 Maximum of 4 presentations per Hz level;  
 2 responses = Hz pass  
 2 responses at each Hz level required for Overall Ear Pass



**If one or both ears do not pass, conduct Screen 2 in two weeks.**

Screen 2 Date \_\_\_/\_\_\_/\_\_\_ Screener \_\_\_\_\_

- ◆ **Conduct Visual Inspection**
- ◆ **Condition** child to respond to tones at 60 and 40 dB levels
- ◆ **Screen** (Ear or ears that did not pass Screen 1)

Child's Left Ear	Child's Right Ear
Conditioned response check 2000 Hz (60 dB) _____	Conditioned response check 2000 Hz (60 dB) _____
(20 dB) Screening	(20 dB) Screening
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____
1000 Hz _____	1000 Hz _____
Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass	Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass



**If ear(s) screened do not pass, schedule middle ear consultation with HCP. After medical clearance conduct Rescreen (Screen 3).**

Screen 3 Date \_\_\_/\_\_\_/\_\_\_ Screener \_\_\_\_\_

- ◆ **Conduct Visual Inspection**
- ◆ **Condition** child to respond to tones at 60 and 40 dB levels
- ◆ **Screen** (Ear or ears that did not pass Screen 2)

Child's Left Ear	Child's Right Ear
Conditioned response check 2000 Hz (60 dB) _____	Conditioned response check 2000 Hz (60 dB) _____
(20 dB) Screening	(20 dB) Screening
2000 Hz _____	2000 Hz _____
4000 Hz _____	4000 Hz _____
1000 Hz _____	1000 Hz _____
Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass	Overall Ear Result: <input type="checkbox"/> Pass <input type="checkbox"/> Not Pass

**If ear(s) screened do not pass, refer to Pediatric Audiologist.**