



Miami-Dade County Public Schools

Division of Special Education

Audiometric Screening

Name: _____ DOB: _____ ID#: _____

School: _____ Grade: _____ Teacher: _____

	1000 Hz	2000 Hz	4000 Hz
Left Ear (dB)			
Right Ear (dB)			

Results of Screening:

PASS _____

FAIL _____ Date Referred _____ Facility _____

Could Not Condition _____ Date Referred _____ Facility _____

Comments _____

Screener's Name _____ (printed) Employee Number _____

Signature _____

Date _____