



**MIAMI-DADES COUNTY PUBLIC SCHOOLS  
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)  
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 \_\_\_\_\_ Referred Facility: \_\_\_\_\_
- Could Not Condition      Date Referred \_\_\_\_\_ Referred Facility: \_\_\_\_\_

Comments/Observations:

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Screener Name \_\_\_\_\_

Screener Employee Number \_\_\_\_\_

Screener Signature \_\_\_\_\_

Screening Date \_\_\_\_\_