Directions: Hover cursor here

echo INITIATIVE
Early Childhood hearing Outreach
kidshearing.org

Hearing Screening & Diagnostic Log

(2014 Version)

Enter child-specific information below this line

Col A	Col B	Col C	Col D	Col E	Col F	Col G	Col H	Col I	Col J	Col K	Col L	Col M	Col N	Col O	Col P	Col Q	Col R	Col S	Col T	Col U	Col V	Col W	Col X	Col Y	Col Z
				Current Totals (auto filled)	***	***	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	***	Heairng Screen 1 Pass Rate
																									#DIV/0!
					TYPE	Hearing Screening							Middle Ear Consultation				Inner Ear Outcome								
						Screen 1			Screen 2								Rescreen				Audiological Evaluation				
Status (auto filled)	First Name	Last Name	ID #	Class/Site/ Location	Screening Type - OAE or PT	Date of Screening 1 (MM/DD/YY)	Pass	Not Pass (Refer, Can't Test)	Exited	Pass	Not Pass (Refer, Can't Test)	Skipped Screen 2	Exited program	Normal (no condition or disorder detected)	Condition or disorder detected	Skipped middle ear consultation	Exited Program	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Exited Program	Normal hearing	Permanent Hearing Loss	Date of Inner Ear Outcome (MM/DD/YY)	Notes