

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Initial Hearing Screening Record**

Test Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Room/Teacher: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB/ID#: \_\_\_\_\_

	1000 Hz	2000 Hz	4000 Hz		Passed Audio Screening @ 25 dB	Unable to Screen (see comments)	Needs Further Testing		Comments
RIGHT					YES / NO		YES / NO		
LEFT					YES / NO		YES / NO		

Key to information	
✓	Responded @ 25 dB
	No Response @ 25 dB

Reason for Initial Hearing Screening:

Initial IEP

3rd Year IEP

SST

Other: \_\_\_\_\_

Screened By: \_\_\_\_\_

Please email completed form to [audiometry@lausd.net](mailto:audiometry@lausd.net) **OR** fax to 213-580-6561