

**SPEECH, LANGUAGE AND HEARING EXAMINATION
HEARING TEST**

2. NAME OF CHILD

3. DATE OF BIRTH			4. AGE	5. SEX	6. RACE
MO.	DAY	YEAR		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR
				1 2	1 2 3 4
					<input type="checkbox"/> OTHER
					8

7. EXAMINED BY	8. DATE OF EXAM
	MO. DAY YEAR

9. SPONDAIC WORD TEST (VERBAL)

1. METER SETTING HI (LIST 1) 10. AMBIENT NOISE LEVEL _____ DB.

	Pass (1)	Fail (0)
COWBOY	<input type="checkbox"/>	<input type="checkbox"/>
BASEBALL	<input type="checkbox"/>	<input type="checkbox"/>
HOT DOG	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ALL 3 WORDS REPEATED CORRECTLY)

Pass (1)	Fail (0)
<input type="checkbox"/>	<input type="checkbox"/>
1	0

2. METER SETTING HI (LIST 11)

	Pass (1)	Fail (0)
DOORBELL	<input type="checkbox"/>	<input type="checkbox"/>
FLASHLIGHT	<input type="checkbox"/>	<input type="checkbox"/>
GOLDFISH	<input type="checkbox"/>	<input type="checkbox"/>
LIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL	<input type="checkbox"/>	<input type="checkbox"/>
SIDEWALK	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHPASTE	<input type="checkbox"/>	<input type="checkbox"/>
OATMEAL	<input type="checkbox"/>	<input type="checkbox"/>
CUPCAKE	<input type="checkbox"/>	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass (1)	Fail (0)
<input type="checkbox"/>	<input type="checkbox"/>
1	0

11. COMMENTS

**SPEECH, LANGUAGE AND HEARING EXAMINATION
HEARING TEST**

13. EXAMINED BY

14. DATE OF EXAM
MO. DAY YEAR

9. SPONDAIC WORD TEST (VERBAL CONTINUED)

15. COMMENTS

3. METER SETTING LO (LIST III)

	Pass (1)	Fail (0)
MAILMAN	<input type="checkbox"/>	<input type="checkbox"/>
SEESAW	<input type="checkbox"/>	<input type="checkbox"/>
ICE CREAM	<input type="checkbox"/>	<input type="checkbox"/>
LIPSTICK	<input type="checkbox"/>	<input type="checkbox"/>
HAIRCUT	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>
SAILBOAT	<input type="checkbox"/>	<input type="checkbox"/>
AIRPLANE	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHDAY	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY
OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

4. METER SETTING LO (LIST IV)

	Pass (1)	Fail (0)
POPCORN	<input type="checkbox"/>	<input type="checkbox"/>
ICEBOX	<input type="checkbox"/>	<input type="checkbox"/>
PANCAKE	<input type="checkbox"/>	<input type="checkbox"/>
PORKCHOP	<input type="checkbox"/>	<input type="checkbox"/>
ASHTRAY	<input type="checkbox"/>	<input type="checkbox"/>
ICE CREAM	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHDAY	<input type="checkbox"/>	<input type="checkbox"/>
HAIRBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
AIRPORT	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY
OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

**SPEECH, LANGUAGE AND HEARING EXAMINATION
HEARING TEST**

17. EXAMINED BY

18. DATE OF EXAM

MO. DAY YEAR

9. SPONDAIC WORD TEST (NONVERBAL)

19. AMBIENT NOISE LEVEL _____ DB.

20. COMMENTS

5. METER SETTING HI (LIST V)

	Pass (1)	Fail (0)
COWBOY	<input type="checkbox"/>	<input type="checkbox"/>
BASEBALL	<input type="checkbox"/>	<input type="checkbox"/>
HOT DOG	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ALL 3 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/> 1	<input type="checkbox"/> 0

6. METER SETTING HI (LIST VI)

	Pass (1)	Fail (0)
BATHTUB	<input type="checkbox"/>	<input type="checkbox"/>
ICE CREAM	<input type="checkbox"/>	<input type="checkbox"/>
SEESAW	<input type="checkbox"/>	<input type="checkbox"/>
REDBIRD	<input type="checkbox"/>	<input type="checkbox"/>
HAIRBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
ICE CREAM	<input type="checkbox"/>	<input type="checkbox"/>
REDBIRD	<input type="checkbox"/>	<input type="checkbox"/>
HAIRBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
SEESAW	<input type="checkbox"/>	<input type="checkbox"/>
BATHTUB	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/> 1	<input type="checkbox"/> 0

**SPEECH, LANGUAGE AND HEARING EXAMINATION
HEARING TEST**

22. EXAMINED BY

23. DATE OF EXAM

MO. DAY YEAR

9. SPONDAIC WORD TEST (NONVERBAL CONTINUED)

25. COMMENTS

7. METER SETTING LO (LIST VII)

	Pass (1)	Fail (0)
MAILMAN	<input type="checkbox"/>	<input type="checkbox"/>
BLUEBIRD	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
SAILBOAT	<input type="checkbox"/>	<input type="checkbox"/>
AIRPLANE	<input type="checkbox"/>	<input type="checkbox"/>
SAILBOAT	<input type="checkbox"/>	<input type="checkbox"/>
AIRPLANE	<input type="checkbox"/>	<input type="checkbox"/>
MAILMAN	<input type="checkbox"/>	<input type="checkbox"/>
TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>
BLUEBIRD	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

8. METER SETTING LO (LIST VII)

	Pass (1)	Fail (0)
POPGUN	<input type="checkbox"/>	<input type="checkbox"/>
GOLDFISH	<input type="checkbox"/>	<input type="checkbox"/>
NECKTIE	<input type="checkbox"/>	<input type="checkbox"/>
FLASHLIGHT	<input type="checkbox"/>	<input type="checkbox"/>
TEASPOON	<input type="checkbox"/>	<input type="checkbox"/>
TEASPOON	<input type="checkbox"/>	<input type="checkbox"/>
GOLDFISH	<input type="checkbox"/>	<input type="checkbox"/>
POPGUN	<input type="checkbox"/>	<input type="checkbox"/>
FLASHLIGHT	<input type="checkbox"/>	<input type="checkbox"/>
NECKTIE	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SCORE (PASS = ANY 5 CONSECUTIVE WORDS REPEATED CORRECTLY OR 7 OF 10 WORDS REPEATED CORRECTLY)

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

24. SUMMARY TOTAL SCORE FOR SPONDAIC WORD TEST SUBAREA

Pass	Fail
<input type="checkbox"/>	<input type="checkbox"/>
1	0

**SPEECH, LANGUAGE AND HEARING EXAMINATION
HEARING TEST**

27. EXAMINED BY _____

28. DATE OF EXAM
MO. | DAY | YEAR

29. PURE TONE SCREENING TEST

1. TRIAL ONE

30. AMBIENT NOISE LEVEL _____ DB.

Sequence of Tones (at 20 db.)	Ear	Pass (1)	Fail (0)
2000 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
1000 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
500 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
500 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>
1000 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>
2000 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT ADMINISTER TRIAL TWO IF CHILD RESPONDS
TO TRIAL ONE IN BOTH EARS

8

2. TRIAL TWO (For children who fail to respond to tone or tones in either or both ears)

31. AMBIENT NOISE LEVEL _____ DB.

Sequence of Tones (at 20 db.)	Ear	Pass (1)	Fail (0)
2000 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
1000 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
500 CYCLES	RIGHT	<input type="checkbox"/>	<input type="checkbox"/>
500 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>
1000 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>
2000 CYCLES	LEFT	<input type="checkbox"/>	<input type="checkbox"/>

32. SUMMARY TOTAL SCORE FOR PURE TONE SCREENING TEST SUBAREA

	Pass	Fail
RIGHT EAR	<input type="checkbox"/> 1	<input type="checkbox"/> 0
LEFT EAR	<input type="checkbox"/> 1	<input type="checkbox"/> 0

33. COMMENTS