



Name: _____

DOB: _____

Student ID#: _____

Campus: _____

Grade: _____

Date: _____

The information entered on this form is a record of screening results and is not to be used for diagnostic purposes.

SWEEP-CHECK SCREENING TEST

1. Instruct and condition each child appropriately for age/grade.
2. Screen three frequencies at 25 dB HTL for children in grades PK, K and for children in grades 1-9; begin screening at 1000 Hz.
3. Identify responses with a "+"; identify no response with a "-".
4. Sequence of tone presentations:

		1	2	3	4	
		Ear	1000 Hz	2000 Hz	4000 Hz	RESULTS
First Screen Date:	R				<input type="checkbox"/> Pass <input type="checkbox"/> Observe <input type="checkbox"/> Rescreen w/Sweep CK	
	L					

COMMENTS: _____

Children failing to respond to ONE of the THREE frequencies in EITHER EAR should be re-screened with another Sweep-Check Test within 3 to 4 weeks. SIGNS OR SYMPTOMS ALONE ARE SUFFICIENT REASON FOR REFERRAL.

		1	2	3	4	
		Ear	1000 Hz	2000 Hz	4000 Hz	RESULTS
Second Screen Date:	R				<input type="checkbox"/> Pass <input type="checkbox"/> Observe <input type="checkbox"/> Rescreen w/Sweep CK	
	L					

COMMENTS: _____

The need for threshold screening should be based on the failure of ONE FREQUENCY in EITHER EAR on the second Sweep-Check Test.

EXTENDED RECHECK

For each of the frequencies listed, record the lowest level in decibels (dB) at which the child responds. Record findings for both the right and left ears. A child should be referred to an appropriately licensed professional if ONE of the THREE referral frequencies (same as for the Sweep-Check) are recorded at greater than 25 dB in EITHER ear for children in PK and K, and children in grades 1-9.

Date:	Ear	1000 Hz	2000 Hz	4000 Hz	RESULTS
	R				<input type="checkbox"/> Pass <input type="checkbox"/> Refer Date:
	L				

Screener

ID/Registration #

TEXAS DEPARTMENT OF HEALTH