



Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH  
SCHOOL DISTRICT

520 Fifth Avenue Fairbanks, AK 99701-4756

(907) 452-2000

[www.k12northstar.org](http://www.k12northstar.org)

Hearing Screening Referral Report Form

Identifying Information					
School Completes	Child's Name:		Date of Birth:		Grade:
	Parent/Guardian Name:				
	Screening Information				
	Date of Screening:			Date of Referral:	
	Pure Tone Hearing Screening Results				
		<b>1000</b>	<b>2000</b>	<b>4000</b>	Observation/Comments
	<b>R</b>	Pass _____ 20dB Refer _____	Pass _____ 20dB Refer _____	Pass _____ 20dB Refer _____	
<b>L</b>	Pass _____ 20dB Refer _____	Pass _____ 20dB Refer _____	Pass _____ 20dB Refer _____		
<b>Other hearing screening results:</b>					
Evaluation Results					
Examiner Completes	<b>Diagnosis/Hearing Status:</b>				
	<b>Treatment Plan:</b>				
	<b>Follow Up Recommendations/School Accommodations:</b>				
<b>Signature of Examiner:</b>			<b>Date:</b>		
Parent Authorization for Release of Information					
I, the parent/guardian of the above named child, authorize the exchange of information between the examiner and my child's school/school nurse. I understand this form will be faxed to the school nurse so she/he may assist in sharing the above recommendations on a need-to-know basis at school to benefit my child's learning. I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment for services, or eligibility for benefits for my child. However, if this form is not submitted to the school, I understand that the school may not have sufficient information to address special hearing needs of my child.					
<b>Parent/Guardian Signature:</b>			<b>Date:</b>		
Return to School Nurse					
<b>To:</b>			<b>From:</b>		
School Nurse			Examiner		
Address			Address		
Phone			Phone		
Email			Email		
Fax			Fax		