



COBB COUNTY SCHOOL DISTRICT

Mass Screening Program HEARING 2022-2023

Supervisor:

Dr. Bobbie Ealy

770-426-3497

Bobbie.Ealy@cobbk12.org

Education Program Specialists:

LeAnn Barnes

LeAnn.Barnes@cobbk12.org

Lakisha Stanley

Lakisha.Stanley@cobbk12.org

Scott McKnight

Scott.McKnight@cobbk12.org



SPECIAL EDUCATION



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HEARING SCREENING PROGRAM

COBB COUNTY SCHOOL DISTRICT

Audiologists:

Dr. Abby Bohler

Dr. Cindy Fleming

Dr. Karen Mobley

Dr. Donna Lynn Wallis

678-581-7400

Office Hours: 8:00 a.m. to 3:00 p.m.

*Thank you for participating in the hearing screening program.
This program would not be a success without your help!*

PURPOSE: THE HEARING SCREENING PROGRAM is to help detect those students who may have a hearing problem and refer them for further care.

State regulations require that all persons who administer a hearing screening must attend a training course. NEVER train anyone else to do hearing screenings.

For directions and additional information about Cobb County Audiology, please go to:

[Audiology and Deaf/Hard of Hearing \(cobbk12.org\)](http://cobbk12.org)

Students are seen by appointment only, Monday through Friday

Audiology Services operates on the teacher schedule and is not open during the summer or during school holidays.

Hearing and Vision Mass Screening

[Hearing and Vision Screening \(cobbk12.org\)](http://cobbk12.org)

Employee Teams Page

<https://teams.microsoft.com/l/team/19%3ae14a99e6271d44e697f978ec329fd028%40thread.tacv2/conversations?groupId=497d4158-92da-40ff-a2eb-e31506c2b612&tenantId=2fce1dfb-919f-4938-aab8-c47f0fc9182d>

INFECTION CONTROL PROTOCOLS

Tester should not test students or enter the school if

- You have a fever, cough, cold symptoms or do not feel well

There is little chance of infection transmission via the ears. In the past we have recommended not sterilizing earphones because it can damage the rubber components. Out of an abundance of caution during the COVID-19 pandemic we are recommending that headphones and cords be wiped down with a disinfecting wipe. Testers need to wash their hands or use appropriate hand sanitizer between students.

Do not test any student who is exhibiting any signs of illness.

Refer them for rescreen in 2 weeks.

These recommendations may change prior to screening dates. We will contact the schools with any updates.

SCREENERS SHOULD TAKE THE FOLLOWING PRECAUTIONS:

1. *As Covid-19 protocols are fluid please check with the school administration regarding Covid protocols for that school at the time of screening.*
2. Be mindful of social distancing.
3. Wash their hands with soap and water for 20 seconds prior to starting of each test session or use appropriate hand sanitizer.
4. Clean their hands at the end of each test session.
5. Do not wearing jewelry below your elbows during test sessions since they need to be removed for proper hand washing.
6. Cover any open sores or cuts on their hands with a bandage.
7. Do not permit any food or drink in the test area.

Wearing gloves does remove the need for hand washing prior to each test!

In addition, students should not be permitted to handle the headphones or touch the equipment.

Prior to screening a child, the tester should briefly examine each child's ears, face, and scalp by simply looking at them carefully. This takes only a second and can be performed while instructing the student on the screening procedures.

<u>NEVER TEST A STUDENT IF THEY HAVE:</u>	<u>INSTEAD, TAKE THIS ACTION:</u>
1. A red, swollen, or draining ear	1. Refer to school nurse and send a failure letter home in the mail.
2. An abnormal-looking ear	2. Failure letter to be mailed home.
3. An odor coming from the ear	3. Refer to school nurse and send a failure letter home in the mail.
4. Any sores or rashes on face, scalp, or ears	4. Refer to school nurse and send a failure letter home in the mail.
5. Lice	5. Refer to school nurse and test at a later date.
6. IMPORTANT TO NOTE: <u>If the student wears hearing aid(s) of any kind:</u> <ul style="list-style-type: none"> • DO NOT handle the hearing aid. • DO NOT put headphones on over the hearing aids. • These students should <u>NOT</u> be tested. • DO NOT SEND FAILURE LETTER. 	

If a child is not tested due to any of the listed reasons, the screeners are to indicate the reason why the student was not tested in the pass-fail section of the screening form.



STUDENTS TO BE SCREENED

1. **MASS SCREENING GRADES:** Parental Permission **IS NOT Required** for:

- A. Students in Grades 1, 4, 7, and 10
- B. All NEW STUDENTS to Cobb County School District who enter at any point during the year.

Some schools prefer to screen all students every year. If you choose to do this, please screen the grades listed above first. If your practice is to perform mass screening with all students, parental permission is not required for mass screenings.

2. **REFERRAL STUDENTS** –Parent Permission (see forms) **IS Required** for:

Students who are not included in the mass screening grade levels (see above) and those who are referred by a teacher, parent or other staff person.

These students should be screened only after permission is received from the child's parents.

Permission forms signed by the parents may be placed in your mailbox throughout the year for referrals from teachers. Any child who is referred must receive a hearing screening within one month of the referral.

3. **KINDERGARTENERS**

Kindergarten students must present a completed form 3300 (hearing, vision, dental, and nutrition screening) upon registration for school.

The form 3300 should be dated no more than one year prior to the date school begins. For school year 2022-2023, the cut-off date is August 1, 2021. This training does not qualify a person to sign a 3300 for a student.

HEARING SCREENING SUPPLIES **AND EQUIPMENT**

1. Audiometer with headphones
2. Clipboard
3. Forms
4. Pen or pencil
5. Quiet Room
6. 2 chairs (1 for student and 1 for tester)
7. Table
8. Electrical outlet (extension cord if necessary)
9. Hand sanitizer or sink with soap and water



PREPARATION

Plug in and test the audiometer. Listen to each earphone individually to make sure that a sound is produced at each test frequency.

(NOTE: If multiple students in a row fail hearing screening, please check your audiometer again to make sure there has not been equipment failure. Also, consider the acoustics of your screening location.)

Arrange chair for student so that his/her back will be to audiometer and the student is facing away from distractions such as looking out a window or an interesting bulletin board.

It is not best practice to screen a student's hearing if they have just come from band/orchestra. You would want to schedule at least an hour after these loud types of environment.

Set audiometer as follows:

1. Power = **On**
2. Frequency Control = **1000 Hz**
3. Hearing Level = **25dB**
4. Phone selector = **"R" for right ear**
5. Tone reverse = **OFF**
6. Masking = **OFF**
7. Pulse or warble = **OFF**

TESTING PROCEDURES

1. Instruct Student

She/he will just barely hear a tiny beep, raise **ANY** hand when beep is heard, put hand down when beep stops (It does not matter which hand the student raises).

2. Arrange hair back from ears

Do not test if hairstyle does not allow earphones to sit on ears correctly - rescreen on another day; **remove gum, glasses, earrings** (If student is capable of adjusting their own hair, removing their own earrings, etc, that's better than having the screener do so.)

3. Inspect ears for redness, swelling or drainage

Do not screen children with any of these ear conditions but note problem in results section and refer to school nurse.

4. Walk around to the front of the student facing (at eye level and 6 feet away) them and give them their instructions before you position headphones on the student, as follows:

A. **Red** headphone goes on the student's **Right** ear

B. **Blue** headphone goes on the student's **Left** ear

C. To place the headphones on the student's ears:

Spread headphones apart, placing earphone centers over ear canals, and use both thumbs to slide headphone gently down for a good fit.

D. To remove the headphones:

Insert your thumbs **ONLY** between the headphones and the student's head above the ear cups and pull the headphones away and forward from the head.

5. Order of testing:

Right ear: at loudness level 25dB - test 1000 Hz; then 2000 Hz; then 4000 Hz
(for 7th and 10th graders **ONLY**, also test 6000 Hz)

Then Switch Knob to Left Ear

Left ear: At loudness level 25 dB (that knob remains the same) – test at 1000 Hz; then 2000 Hz; then 4000 Hz (for 7th and 10th graders **ONLY**, also test 6000 Hz)

6. At each frequency level, press tone button/bar for two-to-three full seconds and repeat tone this way at same frequency two more times (ie: The student should have the opportunity to respond to the same tone at each loudness level at least twice, so we know the first response is not a guess.)

7. Present tones in irregular pattern (vary the length of pauses in between presentations of the tone).

<i>(Start with...)</i>
RIGHT EAR (red)
25 dB – 1000 Hz
25 dB – 2000 Hz
25 dB – 4000 Hz
25 dB – 6000 Hz <i>(middle/high school only)</i>
<i>(...then switch to.....)</i>
LEFT EAR (blue)
25 dB – 1000 Hz
25 dB – 2000 Hz
25 dB – 4000 Hz
25 dB – 6000 Hz <i>(middle/high school only)</i>

8. **Passing** - Student raises hand, indicating that he or she heard the tone that was presented. They must accurately indicate having heard each frequency two times.
9. **Failing** – Student **DID NOT** indicate that they heard the tone 2 times.
10. Mark Form
 - A. (√) for pass
 - B. (-) for fail
11. Child has failed the entire screening if he/she fails at one or more frequencies for either ear. Place check in appropriate box at end of screening results section.
12. Use the same procedures for students regardless of whether the student is part of the mass screenings or being screened based on a staff or parent referral.
13. If a child is absent, make a small note beside name but do not cross through results area on form. Results of first screening must go in this space, regardless of date when it takes place.



FOLLOW-UP RESPONSIBILITIES

Follow-up should be completed by whomever is assigned to perform the mass screenings.

Follow-up consists of:

- A. Keeping track of how many students are tested
- B. Keeping track of how many students passed and failed the first screening
- C. Keeping track of how many students passed and failed the second screening
- D. When all mass screenings are completed, fill out the “Final Total Reporting Form” (Form 200). (Please just send this one form with information from your entire school. There is **no need** to break down by grade-level and send on separate forms.)
- E. **Please send the form via County Mail by January 9, 2023, to this address:**

Dr. Cindy Fleming
Hearing Screening Program
Audiology
Kennesaw Warehouse

Keep a copy of this form for your records.



FOLLOW-UP PROTOCOL

1. Students who fail the initial screening are to be re-screened after 10 days, but no longer than 14 days, if possible.
 - The failure rate for the first screening is usually about 12%.
 - Do not spot check students that failed 2nd screening. Students with fluctuating hearing loss may be missed. If only one frequency is being tested, there is a greater chance of a false negative. *The likelihood of obtaining a pass outcome by chance alone is increased when screening is performed repeatedly.*
 - Referral rate after 2nd screening should be 4-10%.

2. Parents of students who fail the **SECOND** hearing screening are notified by letter (H-1) (**copy this onto your local school's letterhead**).
 - Send failure letters through the U.S. Mail.
 - The deadline for completing the 2nd screening and mailing parent notification letters is the **WINTER HOLIDAY**.
 - Do not send a failure letter for students wearing hearing aids.

3. The parent notification letter (H-1), requests that parents complete and return follow-up information to the school. If this reply is not received within 30 days, please send the **Second Follow-up Letter** (H-2).

4. All of the following must be kept in the school secretary's office for one year. These forms can be destroyed after one year.
 - Recording forms
 - A copy of the parent notification letter
 - All follow-up replies

CONFIDENTIALITY

It is very important that you **DO NOT** discuss **implications** of the results of screenings with the student's parent(s) other than the fact that the student passed or failed the screening. Remember, failure of the school screening will only indicate that there **MAY** be a problem. This does not necessarily mean that a child has a hearing loss.

As is the case with all other confidential student information, please do not share any information regarding students with outside sources (other than school personnel) without proper parental permission.

LIST OF FORMS

H-1 (E) - Failure Letter #1 (English)

H-2 (E) - Failure Letter #2 (English)

H-1 (S) - Failure Letter #1 (Spanish)

H-2 (S) - Failure Letter #2 (Spanish)

H-1 (K) - Failure Letter #1 (Korean)

A110 - Parental Permission for Testing Referred Students

AS110 - Parental Permission for Testing Referred Students (in Spanish)

A109 – Hearing Screening Roster

A200 - Hearing & Vision Totals Reporting Form

Date: _____

Dear Parent(s):

_____ failed two hearing screenings at school. This may or may not indicate the possibility of a hearing loss. In order to determine whether a hearing problem does exist, a *complete diagnostic evaluation by an audiologist* is recommended. Please note that a re-screen at the Health Department or pediatrician's office is not recommended because they do not have the audiologic diagnostic equipment required. Your child needs to have a tympanogram, otoacoustic emissions, and standard audiology testing in a sound booth.

You may call Cobb County School District's Audiology Services at 678-581-7400 between 8:00 a.m. and 3:00 p.m., Monday - Friday, (during the school year only), to ask for an appointment with one of the audiologists. Audiology Services does not evaluate students during the summer.

There is **NO CHARGE** for this service, although you may have to wait several weeks for an appointment due to the large number of students being served. If you wish to seek testing at your own expense, you may choose to see a private audiologist. If you do so, please ask that a copy of the results be mailed to your child's school, if the test results are normal. If the test results are abnormal, please have the hearing test mailed or faxed to Audiology Services. The fax number is 678-594-8090.

Audiology Services is located at the Kennesaw Warehouse building, 6975 Cobb International Blvd., Kennesaw, GA 30152. From I-75, go west on Chastain Road which becomes McCollum Parkway. Go 3.6 miles to Cobb Parkway (Hwy 41), cross over Cobb Parkway (Hwy 41) onto Cobb International Blvd, go 1.2 miles. The office will be on the left at 6975 Cobb International Blvd. Our doorway is marked by a large sign that says, "Audiology Services."

It is very important that you accompany your child, as you must sign permission for the testing, and test results and recommendations will be discussed with you following the evaluation.

Examiner's Signature

Parents: Please detach and return to your child's teacher.

- () My child had (or will have) an appointment for an audiological or medical evaluation on the following date _____.
- () My child's hearing was found to be normal.
- () My child is under the care of a physician for an ear infection.
- () Other outcome _____

(Please attach a copy of the hearing test, if seen by a private facility.)

Audiologist/Physician _____
(Signature)

Child Name _____ Parent Name _____

Work Phone _____ Home Phone _____

H-2 (E) – FAILURE LETTER #2 (FOLLOW-UP FAILURE LETTER) – ENGLISH

(ATTACH SCHOOL LETTERHEAD BEFORE PHOTO-COPYING)

STUDENT'S NAME

DATE

Dear Parent:

We recently sent you a letter indicating that your child was unable to pass the school hearing screening and that a complete hearing evaluation was necessary to determine whether a hearing problem does exist. In order to measure the effectiveness of our hearing screening program, we are asking you to CHECK ALL THE APPROPRIATE BOXES BELOW and RETURN THIS FORM TO THE SCHOOL, either by sending it to your child's teacher or by mailing to the above address, **please write ATTN:** _____

- My child had (or will have) an appointment for an audiological exam on the following date _____.
- My child had (or will have) a medical exam on the following date _____.
- My child is currently under the care of a physician for an ear infection.
- Other outcome: _____

(Please attach a copy of the hearing test if seen by a private facility.)

Audiologist/Physician _____
(Signature)

Parent Name _____ Home Phone _____ Work Phone _____

Free audiological evaluations are available through Cobb County Schools.
Please call 678-581-7400 for an appointment.

Thank you for your assistance,

H-1 (S) – FAILURE LETTER #1 – SPANISH

(ATTACH SCHOOL LETTERHEAD HERE BEFORE PHOTO-COPYING)

Fecha:

Estimados Padres:

_____ no pasó dos chequeos auditivos que se llevaron a cabo en la escuela. Esto podría o no indicar la posibilidad de una pérdida auditiva. Para determinar si existe o no un problema auditivo, es necesario hacer una evaluación completa. Favor de llamar “Cobb County School District’s Audiology Services” al 678-581-7400 de 8:00 de la mañana a 3:00 de la tarde, de lunes a viernes sólo durante el año escolar y solicite una cita con uno de los audiólogos. Los servicios de audiología no se prestan durante el verano.

Este servicio es **GRATUITO**, por lo cual es posible que tenga que esperar varias semanas para una cita, debido al gran número de estudiantes que atendemos. Si usted desea llevar a su hijo(a) a que lo evalúen por su propia cuenta, favor de pedir que envíen una copia de los resultados obtenidos a la escuela donde su hijo(a) asiste, si dichos resultados son normales. Si resultan anormales, favor de enviar los resultados de la prueba auditiva por correo o fax a los servicios de audiología. El número de fax es 678-581-7400.

Los servicios de audiología están ubicados en la bodega de Cobb en Kennesaw, en la dirección 6975 Cobb International Blvd., Kennesaw, GA 30152. Desde la I-75, diríjase hacia el Oeste por la Chastain Road, la que luego se convierte en McCollum Parkway. Siga por 3.6 millas hacia la Cobb Parkway (Hwy 41), atraviése la Cobb Parkway (Hwy 41) hacia Cobb International Blvd., siga por 1.2 millas. La oficina se encuentra del lado izquierdo en el 6975 Cobb International Blvd. Nuestra puerta está marcada por un gran cartel que dice “Audiology Services.”

Es muy importante que usted acompañe a su hijo(a), debido a que tiene que firmar el permiso para la evaluación y posteriormente, se hablará con usted acerca de los resultados de la prueba y las recomendaciones.

Firma del Evaluador

Padres: Favor de desprender y devolver al maestro de su hijo(a)

- () Mi hijo(a) tuvo o va a tener una cita para una evaluación médica o auditiva en la siguiente fecha _____
- () La audición de mi hijo(a) fue encontrada normal
- () Mi hijo(a) está bajo el cuidado médico debido a una infección de oído
- () Otro resultado _____

(Favor de adjuntar copia de prueba auditiva, si fue realizada por práctica privada)

Audiólogo/Doctor _____
(Firma)

Nombre del niño(a): _____ Nombre del Padre _____

Teléfono (Trabajo): _____ Teléfono (Casa): _____

H-2 (S) – FAILURE LETTER #2 (FOLLOW-UP FAILURE LETTER) – SPANISH

(Attach school letterhead before photocopying.)

Nombre del alumno: _____ Fecha: _____

Estimados padres:

Recientemente le enviamos una carta indicando que su hijo(a) no había pasado el chequeo auditivo en la escuela y por lo tanto, era necesario hacer una evaluación auditiva completa para determinar si existe o no un problema auditivo. Para poder medir la efectividad de nuestro programa de chequeo auditivo, les pedimos que marquen todas las opciones apropiadas y devuelva este formulario a la escuela, ya sea enviándoselo al maestro de su niño(a) o por correo a la dirección arriba indicada. Favor de escribir (ATTN): _____

- () Mi hijo(a) tuvo o va a tener una cita para un exámen audiológico en la siguiente fecha _____
- () Mi hijo(a) tuvo o va a tener un exámen médico en la siguiente fecha _____
- () Mi hijo(a) esta actualmente bajo cuidado médico por una infección de oído.
- () Otro resultado _____

(Favor de adjuntar copia de prueba auditiva si fue realizada por práctica privada)

Audiólogo/Doctor _____
(Firma)

Nombre del padre _____ Teléfono (Casa) _____

Teléfono (Trabajo) _____

Evaluaciones audiológicas gratuitas están disponibles a través de las escuelas públicas del condado de Cobb.
Favor llamar al 678-581-7400 para una cita.

Gracias por su asistencia,

H-1 (K) – FAILURE LETTER #1 – KOREAN

(ATTACH SCHOOL LETTERHEAD HERE BEFORE PHOTO-COPYING)

날짜: _____

학부모 귀하:

_____ 이/가 학교에서 실시한 청각 검사에서 두번 불합격을 하였습니다. 이것은 청력 손실의 가능성을 나타내거나 또는 그렇지 않을 수도 있습니다. 청력에 문제가 있는지 여부를 결정하기 위해서는 완전한 검사를 해야합니다. 학사년도 중 월요일부터 금요일까지 오전 8시부터 오후 3시사이에 678-581-7400로 전화를 해서 청각 검사 전문인 한 사람과 예약을 하십시오. 여름 방학 동안에는 이 청각 검사를 실시하지 않습니다. 이 검사는 무료 서비스이지만 많은 학교들을 대상으로 하는 관계로 예약 날짜를 몇 주일씩 기다려야 할 수도 있습니다. 자비 부담으로 이 검사를 하기로 하신 분들은 검사 결과가 정상인 경우 그 결과의 사본을 학교로 우송해 달라고 하시고 결과가 비정상적으로 나온 경우에는 그 사본을 교육청 청각 검사소로 팩스나 우편으로 보내달라고 하십시오.

이 청각 검사소는 캅 카운티 교육청의 Kennesaw 창고, 6975 Cobb International Blvd., Kennesaw, GA 30152에 위치하고 있습니다. I-75로 부터 , Chastain Road 서쪽으로 오시면 길 이름이 McCollum Parkway로 바뀝니다. 이 길을 3.6 마일 가면 Cobb Parkway (Hwy 41)이 나옵니다. Cobb Parkway (Hwy 41)을 건너면 길 이름이 Cobb International Blvd로 또 바뀌고 이 길을 1.2 마일 더 가면 청력 검사 사무실은 왼쪽 6975 Cobb International Blvd에 있습니다.

귀하는 귀하 자녀의 청각 검사를 허락하는 서류에 서명을 해야하고 검사후 검사 결과와 권장사항이 귀하와 논의됨으로 귀하의 자녀와 이 검사에 동반하는 것이 매우 중요합니다. 탁아소 시설이 없으므로 이 검사에 다른 어린 자녀들을 동반하지 마십시오. 귀하는 이 검사시에 귀하 자녀를 거들어 달라는 요청을 받을수 있습니다.

Examiner's Signature 검사자 서명

학부모께: 및 부분을 절취하여 귀하 자녀의 교사에게 반송하여 주십시오..

(_일에 우리아이는 청각 또는 의로 검진을 했거나 할 예약이 되어 있습니다.

() 우리아이의 청력에 이상이 없다는 진단을 받았습니다.

() 우리아이는 귀 감염 치료를 의사에게 받고 있습니다.

() 다른 결과 _____

(개인 기관에서 청각 검사를 한 경우 청각 검사 사본을 한 장 첨부해 주십시오.)

청각 검사관/의사 _____
(서명)

아동의 이름 _____ 부모 성함 _____

직장 전화 번호 _____ 집 전화
번호 _____

A110 – PARENTAL PERMISSION FOR TESTING REFERRED STUDENTS

(ATTACH SCHOOL LETTERHEAD HERE BEFORE PHOTO-COPYING.)

Student's Name

Date

Dear Parents:

Your child has been referred for a hearing screening. If your child can pass this screening, no further information will be sent to you. However, if your child is unable to pass the screening, a letter will be sent to you within approximately three weeks advising you of the results and recommendations.

Thank you for your assistance.

Sincerely,

Examiner's Signature

I hereby grant my permission for the following:

A hearing screening for my child, by representatives of Cobb County Public Schools.

Parent or Guardian Signature

Date

PLEASE RETURN TO: _____

A110(S) – PARENTAL PERMISSION FOR TESTING REFERRED STUDENTS - SPANISH
(Attach school letterhead before photocopying.)

Nombre del alumno: _____ Fecha: _____

Queridos padres:

Su hijo(a) a sido referido a un examen del oido. Si su hijo(a) pasa este examen ya no sele enviara mas información. Si su hijo(a) no pasa este examen sel enviara una carta en aproximadamente tres semanas advirtiendole el resultado y recomendaciones.

Gracias por su asistencia.

Sinceramente,

Yo doy mi permiso para lo siguiente, un examen del oido a mi hijo(a) representado por las escuelas publicas del Condado de Cobb.

Firma del padre o guardian

Fecha

Por favor firme y regrese esta parte con su hijo(a) a: _____

**COBB COUNTY PUBLIC SCHOOLS
HEARING SCREENING PROGRAM
Hearing Screening Roster**
School Year _____

Reminders:

- Hearing level dial should be set on 25 dB during screening.
- Student must pass every frequency in both ears in order to pass screening. Students who fail the screening twice should be referred to Audiology Services by mailing form letter H-1 to parents.
- There should never be more than two persons present during a hearing screening, the child and the person administering the hearing screening.
- Do not administer a hearing screening if you are not certified to do these screenings. Call Audiology Services (678-581-7400) if you have any questions.

School _____ Homeroom _____ Examiner _____

NAME	INITIAL TEST							RETEST						
	DATE		1000	2000	4000	6000 (M/H)	Fail	DATE		1000	2000	4000	6000 (M/H)	Fail
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					
		R							R					
		L							L					

**COBB COUNTY PUBLIC SCHOOLS
HEARING AND VISION SCREENING
Reporting Form Totals**

TO: Dr. Cindy Fleming, Audiologist (Kennesaw Warehouse)

FROM: SCHOOL: _____ DATE: _____

This form is to be completed and sent to Cindy Fleming (audiology@cobbk12.org) by **January 09, 2023**.

HEARING: Total number screened: _____

Total number failures for first screening: _____

Total number failures for second screening: _____

VISION:

<i>Lions Club vision screening</i>	<i>School Completed Vision Screening</i>
Total number screened: _____	Total number screened: _____
Total number referred: _____	Total failures 1 st screen: _____
	Total refers 2 nd screen: _____

Were all failure letters sent home: YES or NO

Signature

Printed name

SCHOOL

THANK YOU

Form A200

ORDERING AN AUDIOMETER

Every school should have purchased a new audiometer with local school funds. Please contact Cindy Fleming for details on purchasing (678)581-7400 or cindy.fleming@cobbk12.org

NOTE: Cobb County School System does not pay for the cost of the audiometer. The cost of the instrument will be the responsibility of the local school.

A limited number of audiometers are available for check out from the Special Education Department for screening dates. Call Sonia Velez at Audiology Services for details (678-581-7400). However, if all instruments are checked out, it will be the local school's responsibility to provide an audiometer (for additional audiometers for the day of screening or in the case of equipment failure)

COBB COUNTY PUBLIC SCHOOLS
(You may wish to substitute your school letterhead here)

School Newsletter Information

The Hearing and Vision screening program for students of Cobb County School District is a means to suggest further care for those students who may have a problem with vision or hearing. Please understand that this screening is not a substitute for a complete hearing or vision examination.

The current hearing screening is designed only as a screening and can indicate possible hearing problems. Cobb County Audiology Services (located at 6975 Cobb International Blvd., Kennesaw, GA 30152) can provide a complete hearing evaluation free of charge to district students, by appointment. The phone number to call for an appointment is 678-581-7400. Audiology Services staff work on a teacher schedule, and the office is **not** open during the summer or other school holidays.

Staff trained by the school system will be screening students in grades 1, 4, 7 and 10 for both hearing and vision.

All entering kindergarteners will be expected to present proof of eye, ear, dental, and nutrition screening on Form 3300 at the time of registration. Completing this training does not allow anyone to sign the 3300 form. The form 3300 must be dated no more than one year prior to the date school begins. For school year 2022-2023, the cut-off date is August 1, 2021. The Cobb County Health Department or a private physician can provide this screening.

If you suspect your child may have a hearing or vision problem and your child is not in one of the grades listed for mass screening (Grades 1, 4, 7, 10), please speak to your child's teacher about obtaining a screening at school.

Hearing Screening Cheat Sheet

(Start with...)

RIGHT EAR (red)

25 dB – 1000 Hz

25 dB – 2000 Hz

25 dB – 4000 Hz

25 dB – 6000 Hz (middle/high school only)

(...then switch to.....)

LEFT EAR (blue)

25 dB – 1000 Hz

25 dB – 2000 Hz

25 dB – 4000 Hz

25 dB – 6000 Hz (middle/high school only)