

Parent/Guardian Survey: Student Hearing Concerns

The following survey assists in determining if your student requires additional hearing evaluations at Jeffco Schools Audiology Department. If concerns are noted, you will be sent instructions on how to obtain an appointment with one of the district audiologists.

Regarding your student, please answer the following questions:

Can or does your student:

	YES	NO
Hear you when you call from another room?		
Hear the television or radio at the same sound level as other family members?		
Answer simple "Who". "What", "Where" and "Why" questions?		
Talk about activities at school or a friends home?		
Use sentences with four or more words?		
Speaks easily without repeating syllables or words?		
Pay attention to a short story and answer simple questions about it?		
Hear and understand most of what is said at home and in school?		
Use sentences that give many details?		
Use rhyming words?		
Communicate easily with other children and adults?		
Speak most sounds correctly except for a few (l, s, r, v, z, ch, sh, and th)?		
Use appropriate grammar according to developmental stage or abilities?		
Outer ear abnormalities such as those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies		
Craniofacial anomalies, including cleft lip and cleft palate		
Did your student demonstrate concerns with hearing during the newborn hearing examination?		
Any other information that would be helpful including pediatrician hearing screenings:		

This checklist is based upon How Does Your Child Hear and Talk?, courtesy of the American Speech–Language–Hearing Association.

Please complete and return to your child's school by _____.

Student Name _____ Grade _____

Parent Signature _____ Date _____