



AUDIOLOGY REPORT

Child's Name: Robert L. Smith Birthdate: 3/2/1943 Sex: M Phone: (333) 444-5555
Parent(s): Lisa Address: 4506 45th WY, Mangonia Park, FL 33407
School: Southwest District Placement: ABC
(School District) (Grade/Building)

Hearing was evaluated: [ ] Parent request [ ] School request [ ] Physician request [ ] Re-evaluation

History: Newborn Screen Results: [ ] Pass [ ] Fail [ ] N/A History of Ear Pathology: [ ] Yes [ ] No
Family History of HL: [ ] Yes [ ] No High Risk Factors for HL: [ ] Yes [ ] No
PE Tubes: [ ] Yes [ ] No Other:

Results

Pure tone Audiometry: Measures the ability to hear sounds of different frequencies (pitches)
[ ] Hearing is within normal limits: [ ] Right [ ] Left
[ ] Hearing is borderline normal: [ ] Right [ ] Left
[ ] Hearing loss was noted: [ ] Right [ ] Left
[ ] Conductive [ ] Sensorineural [ ] Mixed

Notes:

Otoscopy suggests:

Eardrums visible [x] Right [ ] Left
Tubes visible [ ] Right [x] Left
Wax build-up [x] Right [ ] Left
Blocked canal [ ] Right [x] Left
Red eardrum [x] Right [ ] Left
Possible perforation [ ] Right [x] Left

Tympanometry suggests:

Normal middle ear function [x] Right [ ] Left
Non-mobile eardrum [ ] Right [x] Left
Hyper-mobile eardrum [x] Right [ ] Left
Negative middle ear pressure [ ] Right [x] Left
Minimal eardrum mobility [x] Right [ ] Left
Open PE tubes/Perforation [ ] Right [x] Left

Impressions:

- [ ] Compared to the last evaluation, hearing levels are [ ] Similar [ ] Improved [ ] Poorer.
[ ] Negative middle ear pressure sometimes precedes or follows the development of fluid in the middle ears.
[ ] A flat tympanogram may be indicative of an outer or middle ear problem.
[ ] Discussed routine of nose blowing/gum chewing/Valsalva.
[ ] Other:

Suggestions:

- 1. [ ] Share these results with your physician to determine the need for medical follow-up.
2. [ ] Preferential seating: [ ] Front half of the class [ ] Right ear toward sound source [ ] Left ear toward sound source.
3. [ ] Trial period of appropriate amplification, please contact my office if family/school wants to pursue this option.
4. [ ] Continue the use of the FM system.
5. [ ] If signs of an ear infection develop, please contact your physician.
6. [ ] Use of hearing protection (plugs/muffs) when exposed to noise.
7. [ ] Retest: [ ] On parent request. [ ] By school nurse. [ ] In the booth.
8. [ ] Other:

If you have any questions concerning these results, please contact the following Educational Audiologist:

[ ] Ed Van Der Heiden, MS, CCC/A, FAAA [ ] Sharyce Baartman, Au.D., CCC/A, FAAA