

## Hearing Exam for School Teams

Please complete form

Child's: Last name	First Name	Grade
Doctor's / Audiologist's Name:		

**Have you noticed any new or unusual hearing / listening behaviours / areas of concern at school? If so, describe:**

**What are your questions for the doctor / assessor?**

**Questions about the student's Hearing Aids / FM system:**

**Do you have more information about the hearing condition?**

**Is there a good website where we can learn more?**