TEXAS Health and Human Services | Texas Department of State Health Services

FOR INSTRUCTIONS SEE BACK OF FORM

HEARING SCREENING REPORT

JUNE THROUGH MAY

SIGNATURE (Superintendent or Chief Administrator)_____DATE _____

SCHOOL DISTRICT, PRIVATE SCHOOL OR CHILD CARE FACILITY: (Please fill in all)

NUMBER_____CITY _____

NAME_____COUNTY_____HSR _____

SCREENING PERFORMED BY:

☐ Preschool/School ☐ Volunteers:_____ (organization) ☐ Health Dept./Clinic ☐ Other: _____ (organization)

GRADES	LATE EXAM RESULTS FROM LAST YEAR – SPECIALIST EXAM E: NO PROBLEM	LATE EXAM RESULTS FROM LAST YEAR – SPECIALIST EXAM F: TREATMENT	GRADES	A: TOTAL NUMBER SCREENED	B: NUMBER FAILED	C: NUMBER REFERRED	D: NUMBER TRANSFERRED	SPECIALIST EXAM E: NO PROBLEM	SPECIALIST EXAM F: TREATMENT	G: REFERRED NOT EXAMINED
P			PRE SCH							
K			K							
1			1							
2			2							
3			3							
4			4							
5			5							
6			6							
7			7							
8			8							
9			9							
10			10							
11			11							
12			12							
T	E	F	**TOTALS**	A	B	C	D	E	F	G
					B ≥ C	**C = D + E + F + G**				

Submit By: **JUNE 30**

M-52 (Revised 08/2017)

Instructions for Completing the Hearing Screening Report Form (M-52)

1. SIGNATURE: Superintendent of schools or Chief Administrator.
2. DATE: Date this report is signed and sent to the Department of State Health Services.
3. NUMBER: District number assigned by Texas Education Agency or child care license number assigned by Department of Family and Protective Services.
4. NAME: Name of the school district or child care center.
5. CITY: Self-explanatory.
6. COUNTY: Self-explanatory.
7. HSR: Health Service Region may be found on map back of Vision and Hearing Screening Requirements.
8. SCREENING PERFORMED BY: Self-explanatory; any or all may be checked if applicable.

FILLING IN COLUMNS APPROPRIATELY: EACH COLUMN IS LISTED BY THE GRADE IN WHICH THE CHILD IS ENROLLED. **PRE SCH** means all preschool children of all ages.

LATE EXAM RESULTS FROM LAST YEAR: Number of children who were referred the year before this report and who were examined by a hearing specialist, an otologist or an audiologist, during the current school year. (Refer to instructions for Columns E and F.)

Column A: Number of children screened for hearing problems. This number should include those children screened by physicians or hearing specialists.

Column B: Number of children who failed the pure-tone screen or any other screen for a hearing problem, e.g., signs and symptoms, impedance test, etc.

Column C: Number of children who were referred to a hearing specialist. (To get this number, subtract those children who were under a hearing specialist's care at the time of screening failure from the number in Column B.)

Column D: Number of children who were referred but are no longer enrolled in this facility.

Column E: Number of children who were referred and had no problem upon examination by a hearing specialist.

Column F: Number of children who were referred and received treatment or are under observation for a condition found upon examination by a hearing specialist.

Column G: Number of children who were referred and were not examined by a hearing specialist or that information is not known.

NOTE: **Column C = Columns D + E + F + G**

Column B ≥ Column C