



Nacogdoches ISD
Assistive Technology Referral Form
Hearing Checklist

Name: _____ Completed by: _____
(Nurse or Deaf Ed Teacher)

Date of last hearing exam: _____ Re-exam Date: _____

Diagnosis: _____

Hearing left ear: _____ Hearing right ear: _____

Prognosis: _____

Does the student have fluctuating hearing abilities? _____

Describe: _____

Does the student ask for directions or conversation to be repeated frequently? Y N

Describe: _____

Does the student give inappropriate responses to questions or in conversation? Y N

Describe: _____

Does the student watch speaker's mouth intently? Y N

Describe: _____

Does the student turn the volume up loudly when viewing movies, listening to tapes, radio, etc.?

Y N Describe: _____

Does the student have an unusually soft/loud voice? Y N

Describe: _____

Does the student hear when you speak from behind? Y N

Describe: _____

Does the student turn his/her head to one side to hear better? Y N

Describe: _____

Does the student pluralize written words properly? Y N

Describe: _____

Does the student understand what is being said when speaker is talking softly? Y N

Describe: _____

Does the student withdraw from activities? Y N

Describe: _____

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Does the student appear to be in discomfort in noisy situations? Y N

Describe: _____

Does the student fail to respond or respond inconsistently to environmental sounds and/or soft or normal speech? Y N Describe: _____

Can the student carry on a telephone conversation? Y N

Describe: _____

Does the student have trouble hearing at lunch time, gym, recess, in the hall (noisy activities)?

Y N Describe: _____

Does the student understand/hear the bus driver, lunch room attendants, recess monitors, loud speaker announcements, teacher(s) from his/her seat, peers? Y N

Describe: _____

Does the student interact or socialize with nondisabled peers? Y N

Describe: _____

Can the student follow a classroom discussion? Y N

Describe: _____

Can the student bear the school bell/buzzer to change classes? Y N

Describe: _____

Can the student bear the sound of the door opening/closing? Y N

Describe: _____

Can the student hear his name called from 3 feet, 6 feet, 12 feet? Y N

Describe: _____

Can the student locate the source of a sound with right ear? Y N

Describe: _____

Can the student locate the source of a sound with left ear? Y N

Describe: _____

Does the student seem to better/understand men's voices better than women's voices? Y N

Describe: _____

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Does the student need to have attention focused on speaker before conversation? Y N

Describe: _____

Does the student understand speech better if speaker's face is visible? Y N

Describe: _____

Special Considerations for Routine or Disaster Drills

Adaptations/Modifications: _____

Date to be implemented: _____ Person responsible: _____

List of Required Devices/Equipment: _____

Date to be implemented: _____ Person responsible: _____

Interpreter Use

Interpreter Schedule: _____

Placement/position(s) of Interpreter (i.e., class, playground, lunch, library, assembly): _____

Date to be implemented: _____ Person responsible: _____

Comments: _____
