

Illinois Department of Public Health Hearing Rescreening Worksheet

SCHOOL _____ TEACHER OR ROOM _____

SCHOOL DISTRICT _____ TECHNICIAN(S) _____

RESCREEN DATE _____ CITY _____ COUNTY _____

	SECOND SCREENING - NAME	GRADE AGE	PASS	THRESHOLD	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

FOLLOW-UP DATA

	REFERRALS - NAME	GRADE AGE	DIAGNOSIS	DATE	REFERRED: SPEC. ED.
1					
2					
3					
4					
5					
6					

SCREENING SUMMARY	ENROLLMENT	NUMBER SCREENED	NUMBER FAILED	NUMBER RESCREENED	NUMBER OF THRESHOLDS	THRESHOLDS: KNOWN CASES AND MONITORING	NUMBER REFERRED
PRE-SCHOOL AGE							
GRADE							