

HEARING

Dear Ear Examiner:

This student is being referred to you because s/he did not pass hearing screening at school (see attached report). Please examine the child, complete the report below and return it to:

Student Support Services Department
Attention: Hearing Screening
1515 Quintara Street, San Francisco, CA 94116

EAR EXAMINER'S REPORT

DATE OF EXAM: ____/____/____

Diagnosis:

- Conductive*
- Sensory-neural*
- Mixed*

Recommended School Services:

- Preferential Seating
- Speech Evaluation*
- Hearing Aids*
- Child is Under Medical Treatment
- No Treatment is Recommended at This Time
- Child has been Scheduled for Further Evaluation on _____
by _____.
- Other (Please Explain) _____

** If either of these boxes are checked, a copy of this report will be sent to the school site speech/language specialist for further evaluation*

RIGHT EAR						
250	500	1000	2000	3000	4000	8000

LEFT EAR						
250	500	1000	2000	3000	4000	8000

Name of Examiner _____

Signature _____ Date _____

Address _____ Telephone _____

Dear Ear Examiner:

This student is being referred to you because s/he did not pass hearing screening at school (see attached report). Please examine the child, complete the report below and return it to:

Student Support Services Department
Attention: Hearing Screening
1515 Quintara Street, San Francisco, CA 94116

EAR EXAMINER'S REPORT

DATE OF EXAM: ____/____/____

Diagnosis:

- Conductive*
- Sensory-neural*
- Mixed*

Recommended School Services:

- Preferential Seating
- Speech Evaluation*
- Hearing Aids*
- Child is Under Medical Treatment
- No Treatment is Recommended at This Time
- Child has been Scheduled for Further Evaluation on

by _____.

- Other (Please Explain) _____

** If either of these boxes are checked, a copy of this report will be sent to the school site speech/language specialist for further evaluation*

RIGHT EAR						
250	500	1000	2000	3000	4000	8000

LEFT EAR						
250	500	1000	2000	3000	4000	8000

Name of Examiner _____

Signature _____ **Date** _____

Address _____ Telephone _____



San Francisco Unified School District
Student Support Services Department
 1515 Quintara St.
 San Francisco, CA 94116
 415/242.2615
 Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

親愛的家長/監護人:

改善三藩市聯合校區所有學生的健康是學生支援服務部任務的一部份。為這緣故，並且遵照加州法律規定，已於_____在您的子女學校進行聽力檢查。結果顯示，您的子女需接受進一步檢查。

- 若過去12個月內，您的子女已接受聽力檢查，請填妥本表格，並將之寄回上址。

_____ / ____ / ____
 家長/監護人簽名 日期

- 若過去一年內，您的子女沒有接受聽力檢查，那麼就請帶子女去看醫生，接受進一步檢查，並請醫生填妥本表格背面的轉介表格，寄回上址。若您沒有自己的醫護人員，可向以下醫院或政府部門查詢：

三藩市總醫院兒童健康中心 (San Francisco General Hospital Children's Health Center), 電話: 206-8383

加州兒童服務部(California Children's Services), 電話: 575-5700

如有問題，請聯絡學生支援服務部當值護士，電話: (415) 242-2615。謝謝。

聽力檢查結果

學生姓名 _____	學校 _____
學生地址 _____	年級 _____ 室號# _____
城市/郵區編號 _____	出生日期 (月/日/年) _____

右耳					左耳				
500	1000	2000	3000	4000	500	1000	2000	3000	4000

****請將完成的報告寄回上址****

Dear Ear Examiner:

This student is being referred to you because s/he did not pass hearing screening at school (see attached report). Please examine the child, complete the report below and return it to:

Student Support Services Department
Attention: Hearing Screening
1515 Quintara Street, San Francisco, CA 94116

EAR EXAMINER'S REPORT

DATE OF EXAM: ____ / ____ / ____

Diagnosis:

- Conductive*
- Sensory-neural*
- Mixed*

Recommended School Services:

- Preferential Seating
- Speech Evaluation*
- Hearing Aids*
- Child is Under Medical Treatment
- No Treatment is Recommended at This Time
- Child has been Scheduled for Further Evaluation on _____
by _____.
- Other (Please Explain) _____

** If either of these boxes are checked, a copy of this report will be sent to the school site speech/language specialist for further evaluation*

RIGHT EAR						
250	500	1000	2000	3000	4000	8000

LEFT EAR						
250	500	1000	2000	3000	4000	8000

Name of Examiner _____

Signature _____ Date _____

Address _____ Telephone _____



San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

HEARING SCREENING INSTRUCTIONS AND INFORMATION

Hearing screening is scheduled this year for grades 1, 4, and students new to the district.

Teachers from other grade levels can also refer students to be screened. The hearing screening will be done in large vans or using portable devices.

The Mobile Test Unit is designed with two testing areas used to perform two different hearing testing functions:

1. A large sound room which will accommodate multiples of students for group screening tests.
2. A small testing area for testing students one at a time. This section is used to retest a student whose screening test indicates the need for further test information.

Prior To The Day Of The Screening

1. Distribute "Hearing Screening Teacher Referral" forms to the teachers of all grades not already mandated to be screened (grades K, 2, 3, 5, 6, 7, and 8).
2. Arrange a schedule and distribute it to the school staff with **two** copies for the hearing van.
3. Distribute "Teacher Letter" to scheduled grades, 1 & 4.
4. Arrange for younger students to have name tags showing first and last names.
5. Inform all 1st grade teachers that they need to instruct their students according to the enclosed guidelines (see teacher letter). Younger students being referred for screening, bi-lingual, and special education classes will also benefit by practicing with their teacher.
6. Assign someone from the school to assist during the screening process.

Scheduling Guidelines

1. 1st grade classes: 25-30 minutes per class.
2. Special Education and Bilingual classes: 30 minutes.
3. 4th grade classes: 20 minutes per class.
4. **Schedule referrals and special day classes at the end of the day.**
5. Schedule screeners a 15 minute break in the morning and the afternoon and a 30 minute lunch (this is a labor law).
6. **Adjustments to the schedule may need to be made on the screening day so please be flexible.**
7. Please fax school schedule (site information request) to Student Support Services Department at 242-2618.

Van Parking

1. Inform our coordinator and your secretary or custodian where the van is to park and plug in. The van will need a 110 volt outlet. The van's cord is 100 feet long, providing ample flexibility for parking and plugging in.
2. The van will arrive 15 to 30 minutes prior to start time.
3. The testing area must be as quiet as possible. Please be sure to avoid placing the van near recess, lunch areas, docking, loading and unloading areas.
4. In rainy or cold weather park van close to an entrance so that students have an inside waiting area and a short distance to walk to the van.

Assemble Students for Hearing Tests

1. **SFUSD teachers or another certified employee is to accompany students during screenings for safety and discipline. Please do not leave students unsupervised with screeners.**
2. Teachers are to arrange students in alphabetical order by last name according to the scantron.
3. Mark on scantron, students who are absent.
4. Please have students quietly wait away from the mobile testing unit.

STUDENTS WITH A KNOWN HEARING IMPAIRMENT must be identified at the beginning of the test day. They should bypass the group screening test and proceed directly to the individual testing in the rear of the van.

Recording Results & Follow Up

1. Hearing screening results will be recorded in the student's CUM folder by the health worker.
2. Letters will be prepared by your health worker, for the parents/caregivers of all students who need further evaluation. Results of the evaluation will be forwarded to the school.

Teachers will receive a list of their students who are being referred for further evaluation. Please instruct teachers to assist with the referral by reminding parents/caregivers to take their child to their health provider.



**Please return this form to the school secretary by _____

HEARING SCREENING 2011-2012
TEACHER REFERRAL FORM

School _____ Screening Date _____ / _____ / _____

Poor hearing in children can interfere with acquisition of skills and the ability to learn properly. Hearing screening is a state requirement (C.E.C. 49455). **Effective Fall 2010, hearing screening will be conducted for grades 1 & 4.** Teacher referrals from other grade levels can also be screened at this time. Please enter in the space below, students from grades K, 2, 3, 5, 6, 7, or 8 whom you wish to refer for hearing screening. Students must meet a minimum of one of the following criteria in order to be referred:

- **Students who appear to have hearing problems (i.e.: turning one ear toward speaker or source of sound, inability to follow directions, misunderstanding conversation, failure to locate source of sound, asking for repetition of words and phrases, substitution of one sound for another, delays noted in speech and language development), and students with poor academic performance for unknown reasons.**
- **Students who have or may be referred for a SST or educational testing.** State law requires that any student receiving educational testing must have both vision and hearing screening within one year prior to testing.
- **Students in Special Day Classes who have an upcoming Triennial Review.**
- **Students new to the district.**

I am referring the following students for hearing screening (screening requires all information to be complete).

NAME ON FILE		Gr	HO #	REASON/SYMPOMS	SCREENING RESULTS (Completed by Screeners)	OTHER
Last Name	First Name				P F A	
					P F A	
					P F A	
					P F A	
					P F A	
					P F A	
					P F A	

Name of Teacher _____ Grade _____ Room _____



San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
Http://www.healthiersf.org

Dear Teacher,

Please spend a few minutes a day in the week prior to the hearing screening creatively preparing your students for the screening (see instructions below). Practice responding to a quiet beep is important for students especially those in the lower grades. Stand in front of class, make a quiet beep, demonstrate the opening and closing of the hand in response to the beep, let students practice. Read the description of the testing procedure below before practicing with your students.

Practice Directions in English and Spanish

1. When you hear the small sound, open your hand very quickly.
"Cuando oigas el sonido piqueno, abre la mano rapido."
2. When the sound goes away, close your hand very quickly
"Cuando no oigas el sonido, cierra la mano rapido."
3. Understand? "Entiendes?"
4. Listen! "Escuchas"!

Hearing Screening Testing Procedure

1. Students and teacher will proceed to the hearing van according to the schedule (you may be called to come for screening before your scheduled time, **please be flexible**).
2. Younger students are to be wearing name tags.
3. When you get to the testing area arrange your students in alphabetical order by last name.
4. Please inform screener of students who are new, absent, or who have a known hearing loss.
5. Students will go into the van in groups of 4 in K-1 and groups of 8 in grades 2-8.
6. The earphones are placed on the student's head over both ears.
7. The student listens and responds when he/she hears a signal tone; a tone similar to striking a note on a piano. It is also sometimes described as a "beep."
8. The student's response is a hand signal. Starting with a closed fist, the student responds when he/she first hears the tone by opening his/her fist. **VERY IMPORTANT:** Students must keep their hand open until the tone stops. Close the hand to make a fist when the tone stops.
9. This procedure is repeated for a series of different tones ranging from high to low pitches.
10. As noted, the hearing screening test procedure is both a listening technique and a response technique.
11. Please keep the students who are waiting as quiet as possible.

Classroom teachers can provide **a very important service by preparing students** for hearing screening testing...especially for younger children.

THANK YOU SO MUCH FOR YOUR HELP!



San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

____ / ____ / ____

Dear Site Administrator and Teachers:

Subject: Hearing Screening Results

We appreciate your assistance and flexibility with the screening recently conducted at your school site. Our goal is not only testing the students but completion of the follow-up which results in increased student success.

Attachments:

- **Student Referral List:** Students listed here did not pass the screening noted above and are being referred for further evaluation.
- **Referrals:** **All referrals are to be sent by the school to students' homes via normal school communication mechanism (i.e.: mail, weekly envelopes, backpack, etc).** Initial referrals are attached here. Second notices with instructions will be mailed to your school site from Student Support Services Department 6-8 weeks after this screening. All completed referrals should be returned to Student Support Services Department (SSSD).
- **Staff Letter Explaining Screening Results**
- **Resources for Follow-up:** Resources are already included on the referral to families. The list attached here is for schools' use.

We request that until these students receive further evaluation, please at your discretion use preferential seating where necessary. We would appreciate your assistance in encouraging the parent/guardian to seek medical follow-up. For further information, please contact the Health Worker assigned to your site or Student Support Services Department at 242-2615. Thank you for your assistance.

Sincerely,

Mandated Screening Program
Student Support Services Department



SFUSD SAN FRANCISCO PUBLIC SCHOOLS

San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

Date: ____/____/____



Teachers, Administrators & Other Staff

The following students failed the hearing screening that was done on ____/____/____.

Students:	Grade		

The above students did not pass the screening exam TWICE.
Any student who fails the 1st screen is given a 2nd screen in a soundproof room.

What's being done to ensure follow-up?

1. A referral from SFUSD will be sent to parents by school mail (this week)
2. A follow-up referral will be sent by school (with Health Worker's assistance) in 6-8 weeks.

What can teachers, administrators, and other staff do?

- Allow students to sit as close to the teacher as possible
- When speaking to parent/caregiver, mention importance of hearing follow-up

Thank you!

Health Worker



San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

____ / ____ / ____

Dear Site Administrator:

Subject: Hearing Screening, Second Notices

We appreciate your assistance with the screening and follow-up at your school site. Our goal at this stage is for completion of the follow-up which results in increased student academic success.

Attachments:

- **Referrals (Second Notices):** We have included second notices here for those students whom we did not receive any response to the first referral. Referrals are to be sent by the school to students' homes via normal school communication mechanism (i.e.: mail, weekly envelopes, backpack, etc). All completed referrals should be returned to SHPD.
- **Staff Letter Explaining Screening Results**
- **Resources for Follow-up:** Resources are already included with the referral to families. The list here is for schools' use.

We request that until these students receive further evaluation, please at your discretion use preferential seating where necessary. We would appreciate your assistance in encouraging the parent/guardian to seek medical follow-up. For further information, please contact the Health Worker assigned to your site or Student Support Services Department at 242-2615. Thank you for your assistance.

Sincerely,

Mandated Screening Program
Student Support Services Department

PUBLIC HEALTH CLINICS
Low Cost/Free Clinics for Health Checks

CASTRO MISSION HEALTH CENTER – 3850 17TH St 487-7500

Call by 1:00 pm for appointment for next day. Cost based on financial qualifications

CHINATOWN HEALTH CENTER – 1490 Mason Ave 364-7600

Immunizations and PPD by appointment. Cost based on financial qualifications

***MAXINE HALL HEALTH CENTER – 1301 Pierce St 292-1300**

Drop-in for immunizations and PPD, call first as schedule changes weekly. Must be in line by 7:30 am to receive immunizations. Free for children.

MISSION NEIGHBORHOOD HEALTH CENTER – 240 Shotwell 552-3870

Immunizations and PPD for Mission Neighborhood H.C. patients only

NATIVE AMERICAN HEALTH CENTER – 160 Capp St 621-8051

Immunizations and PPD by appointment. Sliding scale

NORTHEAST MEDICAL SERVICES – 1620 Stockton St 391-9686

Immunizations and PPD by appointment. Cost based on financial qualifications

OCEAN PARK HEALTH CENTER – 1351 24th Ave 682-1900

Immunizations and PPD for Ocean Park H.C. patients only

POTRERO HILL HEALTH CENTER – 1050 Wisconsin 648-3022

Appointment made through triage nurse. Free

S.F. GENERAL HOSPITAL FAMILY HEALTH CENTER – 995 Potrero 206-5252

Immunizations and PPD by appointment. Cost based on financial qualifications

S.F. GENERAL HOSPITAL PEDIATRICS – 1001 Potrero 206-8376 Immunizations and PPD by appointment. Cost based on financial qualifications

SILVER AVENUE HEALTH CENTER – 1525 Silver Ave 715-0300

Immunizations and PPD by appointment only. Cost based on financial qualifications

SOUTHEAST HEALTH CENTER – 2401 Keith St 671-7000

Immunizations and PPD by appointment only. (Same day or next day)

Cost based on financial qualifications

SOUTH OF MARKET HEALTH CENTER – 551 Minna St. 626-2951 Pediatric services by appointment Mon, Weds, Thurs 9-11 am. Cost based on financial qualifications

ST. ANTHONY'S CLINIC – 105 Golden Gate 241-8320

Immunizations and PPD by appointment. Registration required. Free



SFUSD SAN FRANCISCO
PUBLIC SCHOOLS

San Francisco Unified School District
Student Support Services Department
1515 Quintara St.
San Francisco, CA 94116
415/242.2615
Fax: 242.2618
[Http://www.healthiersf.org](http://www.healthiersf.org)

HEARING SCREENING SUMMARY 2011-2012

SCHOOL	_____
DATE SCREENED	_____
TOTAL NUMBER SCREENED	_____
TOTAL NUMBER ABSENT	_____
TOTAL NUMBER REFERRED	_____

SIGNATURES: SCREENERS

SIGNATURES: RECORDERS
(Please Note Recording Date)

