



CONCHO VALLEY COUNCIL OF GOVERNMENTS



CVCOG RURAL HEAD START
325-944-9666



SAISD HEAD START/
EARLY HEAD START
325-947-3703

EHS
Otoacoustic Emissions (OAE)
Screening Results

Child's Name:	Center:	Room:
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Check one:

____ Annual Screening ____ Follow-up Screening (Parent answered "NO" on THSteps Hearing Checklist for Parents or other concerns)

1st OAE Screening			
Date:	Right Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Rescreen	Left Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Rescreen	Screeener Initial:

2nd OAE Screening (within 2-3 weeks)			
Date:	Right Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Screeener Initial:

Referral to a specialist due to:

- Failed OAE Screen
- Other: _____

Waiver of Referral

Child is being seen by a specialist, _____ (doctor's name), for the problem(s) indicated.

The tests conducted to evaluate your child's hearing and vision is a screening; it is not a diagnostic test. This means that if the child fails the screening, it is necessary for your child to be evaluated by a specialist to determine whether there is a problem. It also means that on some occasions a problem may exist that the screening will not identify.
