

Arkansas Department of Education

Hearing Screening Program

**Name of District
or Private School**

County

Hearing Screening Annual Summary Form

Mail to: Arkansas Department of Education, 2020 West 3rd St., Suite 320, Little Rock, AR 72205

Directions: Compile aggregate numbers for all grades and report one entire school district per form

Number of Students	SP. Ed.	Pre- K	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	District Total
Screened																
Rescreened																
Referred																
Received Examination																
Confirmed Ear/ Hearing Difficulty by Professional																

Form completed by:

Name of School(s)

Title

Name: _____

Title: _____

Mailing Address: _____

E-mail Address: _____

Date: _____
