St. Joseph School
York, PA • sjy.org

HEARING QUESTIONNAIRE

Your child will receive a hearing screening by the school nurse annually during the primary grades and as needed during other years. Please inform the school nurse if you suspect your child is having problems with hearing.

Name of Child: _____ Date: _____

Please answer the questions below and return this form to the School Nurse.

1. Does your child have a permanent hearing loss?	YES	NO
2. Does your child have a history of frequent ear infections?	YES	NO
3. In the past year has your child had middle ear fluid?	YES	NO
4. Do you think your child has difficulty hearing?	YES	NO
5. Is there a history of hearing loss in the immediate family?	YES	NO
6. Does your child have difficulty listening in a group situation or when background noise is present?	YES	NO
7. Does your child need to watch you when you speak in order to understand what you say?	YES	NO
8. Has your child ever been examined by an ENT specialist? If so, by whom? _____	YES	NO
9. Does your child wear a hearing aid?	YES	NO
10. Does your child need hearing amplification in the classroom?	YES	NO

_____ _____

Parent/Guardian Signature Date