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| --- | --- | --- | --- |
| **School:**  | **Original Screen Date:**  | **Rescreen Date:**  | **Finish Date:**  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Student Count** | **Students absent or needing to be rescreened** | Date | (P) Pass(F) Fail(A) Absent | Encore (Y/N) | **Remaining Students needing to be screened****by SLP**  | Date | (P) Pass(F) Fail(A) Absent | Encore (Y/N) | Finished Date to Audiology |
| Student | Grade | Teacher | Student | Grade | Teacher |
| Absent:Rescreen:Fail:Total Tested: |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assistant Signature :  |  | Date: |  |
| SLP Signature: |  | Date:  |  |
| Comments:  |  |

\*\* On Date of Re-Screen: Send copy to jroylance@dsdmail.net & alamph@dsdmail.net; and the SLP at school. \*\*