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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](mailto:jroylance@dsdmail.net) & alamph@dsdmail.net; and the SLP at school. \*\*