SAMPLE FORM

**CLASSROOM TEACHER OBSERVATIONS-HEARING**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_**

**Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Grade/Class Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Please check all that apply:

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|  | Fails to hear their name called. |
|  | Frequently requests a repeat of what was said. |
|  | Difficulty following verbal conversations. |
|  | Student states people sound muffled or only hears mumbling. |
|  | Difficulty hearing in noisy environments. |
|  | Requests to have volume turned up on devices. |
|  | Answers or responds inappropriately in conversation. |
|  | Complains of ringing in the ears. |
|  | Student watches people’s faces when speaking more intently or tries to read lips. |
|  | Student shows loss of interest in class. |
|  | Worsening grades particularly around verbal content/instruction. |
|  | Increasing withdrawn behavior. |
|  | Student turns head toward sound in an attempt to hear well. |
|  | Student has trouble following verbal instructions. |
| **Teacher Comments:** | |
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Sample resource created by NYSCSH located at [www.schoolhealthny.com](http://www.schoolhealthny.com) 1/2018