

# Illinois Department of Public Health Hearing Screening Roster

PROGRAM \_\_\_\_\_ SCREENING SITE \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ TECHNICIAN(S) \_\_\_\_\_

DATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

TEACHERS NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

	NAME	GRADE	PASS	RESCREEN	COMMENTS
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