

## Hearing Conservation and Audiology Services

5100 Adolfo Road, Camarillo, CA 93012

805-437-1380 • FAX: 805-389-4297

Email: [hearing@vcoe.org](mailto:hearing@vcoe.org)

[www.vcoe.org/hearing](http://www.vcoe.org/hearing)

# VENTURA COUNTY OFFICE OF EDUCATION

Stanley C. Mantooth, County Superintendent of Schools

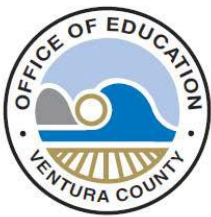
## Hearing Screening Information

### High School with Grade 10 Waiver

#### Important Preparation Steps:

- ☐ **Materials for testing day.** School audiometrists typically arrive ½ hour before the start of school to prepare for testing. Have class lists, bell schedules, school maps, teacher lists, and the completed *Student Recheck List* for each audiometrist ready upon their arrival.
- ☐ **Reserve a quiet room with electrical outlets and a campus phone.** An empty classroom, conference room or the library are rooms that typically work well. The room should be large enough to house a testing station for the audiometrist(s) and enough space for a full class of pupils to wait.
- ☐ **Prepare a master list of students to be tested that is free of all other markings.** This list should be prepared according to the alternative testing plan filed with the Waiver of Hearing Screening Request. Typically, students to be tested are those at-risk for hearing loss. For example, students who are new to California; referrals, and students being evaluated for special education services or who have a triennial review in this school year. Also, students on the enclosed Recheck List should be included on the list to be tested.

**Thank you for your assistance.** We value your time and are always open to ideas and suggestions for simplifying this process. Feel free to call us at (805) 437-1380 with any questions or suggestions, and please be sure to complete the enclosed Evaluation of *VCOE Hearing Conservation Services* form. Your feedback is appreciated.



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TO: School Nurses

FROM: Hearing Conservation and Audiology Services

SUBJECT: **Verification of Parent Requests to NOT TEST**

Typically, information about health (hearing) screenings is sent to families in the *Annual Notice of Parents' Rights & Responsibilities* in a section about Mandated Health Screenings. Parents are informed that if they do not want their child tested at school, they should notify the school in writing. When these requests are received, the pupil files should be noted as **DO NOT TEST**.

**Failure to honor DO NOT TEST requests can result in serious legal consequences.** Ask that the names, grade and room number of all referrals for hearing screening be sent to your office well in advance of the screening date so that records can be checked for **DO NOT TEST** requests, and all lists for hearing screening can be clearly noted.

If the audiometrist(s) receives additional referrals the day of the screening, they will ask that the referrals be checked through the office to verify the parent has not declined testing.

Please have the person who prepares the *Class Lists* and *Recheck List* verify that pupil records have been checked for parental Do Not Test requests by signing the tear-off below. Attach this to the *Class Lists* that have been prepared for the audiometrist(s). They will ask for this verification if it is not present. Thank you.

To the best of our knowledge, all records have been checked for parent DO NOT TEST requests and DO NOT TEST (or DNT) has been noted on the *Class Lists* and *Recheck List* as appropriate.

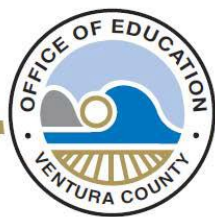
Name

Title

School

District

Date



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## Hearing Screening Survey

In order to better serve you, we ask that you complete the following survey. Circle the number that best describes your experience with the hearing screening program this year.

5 = Strongly Agree

4 = Agree

3 = Neutral

2 = Disagree

1 = Strongly Disagree

1. You are important to us. We value your time and expertise.
  - A. I received information for planning the hearing screening program in a timely manner. 5 4 3 2 1
  - B. The information I received was appropriate for my planning needs. 5 4 3 2 1
2. It is important that special circumstances and scheduling needs are considered when your hearing screening dates are arranged.
  - A. The scheduling constraints at our school were considered when hearing screening was arranged. 5 4 3 2 1
3. The Audiology staff members are highly trained and qualified to serve your students and staff.
  - A. Audiometrists/Audiologists were prepared and organized. 5 4 3 2 1
  - B. Audiometrists/Audiologists were courteous and pleasant. 5 4 3 2 1
  - C. Audiometrists/Audiologists considered the special needs of students and staff. 5 4 3 2 1
4. It is important that VCOE provide you with efficient and comprehensive services.
  - A. The results of the hearing screening were received in a timely manner. 5 4 3 2 1
  - B. The results and recommendations from the hearing screening were easily understood. 5 4 3 2 1
5. Your comments are respected and valued.
  - A. Overall, the program services were satisfactory. 5 4 3 2 1
  - B. My questions and concerns were addressed promptly and in a satisfactory manner. 5 4 3 2 1

Comments: \_\_\_\_\_

\_\_\_\_\_

Optional: School Name

Optional: Position of individual completing evaluation

Date: \_\_\_\_\_

Return this form to Ventura County Office of Education, Hearing Conservation via the school mail. Thank you for your time.

Questionnaire adapted from ASHA #111909, 1994

Rev. 10/16/2017

*"Commitment to quality education for all"*