SAN JOSÉ STATE UNIVERSITY
Connie L. Lurie College of Education · Department of Communicative Disorders and Sciences
One Washington Square · San José, CA 95192-0079 · Main: (408) 924-3688 · Fax: (408) 924-3641

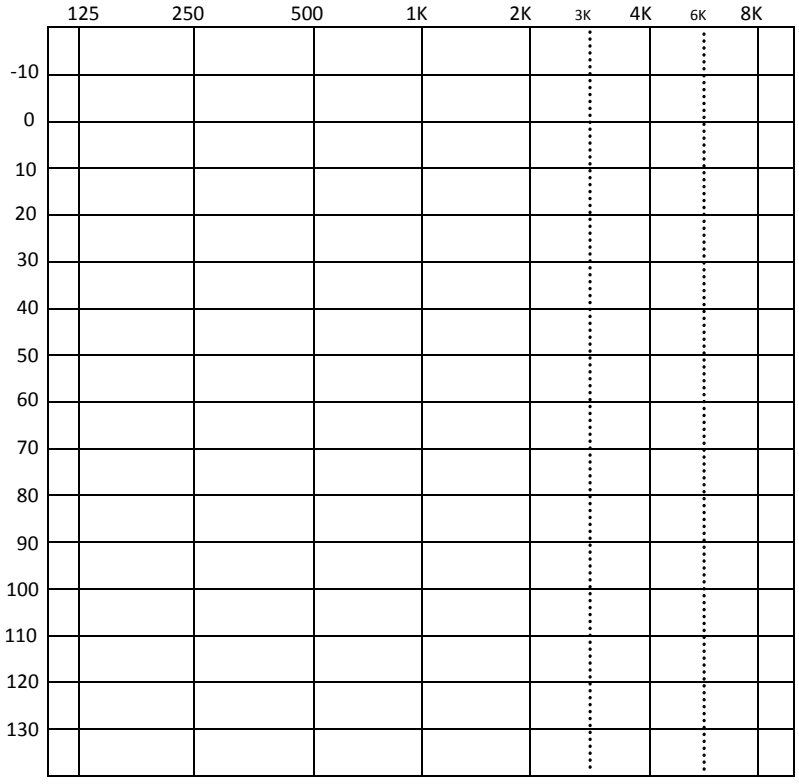
# HEARING EVALUATION REPORT

CLIENT NAME: _____ DOB: _____

EXAMINER: _____ DATE OF EVALUATION: _____

**Frequency in Hertz (Hz)**

Hearing Level in Decibels (dB)




**Legend**

| | Right | Binaural | Left |
|---|---|---|---|
| AC Unmasked | O | | X |
| AC Masked | △ | | □ |
| bc Unmasked | < | ^ | > |
| bc Masked | [ | | ] |
| MCL | M | M | M |
| UCL | E | E | E |
| SF Unaided | Ø | S | ※ |
| SFA-A Aided | A | A | A |

**Speech Audiometry**

| | SRT | Mask | MCL | UCL |
|---|---|---|---|---|
| R | | | | |
| L | | | | |
| SF | | | | |

**Word Recognition**

| | % | Stimulus | Mask |
|---|---|---|---|
| R | | | |
| L | | | |
| SF | | | |

| | % | Stimulus | Noise |
|---|---|---|---|
| R | | | |
| L | | | |
| SF | | | |

**Effective Masking Levels**

| Non-Test Ear | | 125 | 250 | 500 | 750 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AC | L | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| bc | L | ■ | | | | | | | | | ■ | ■ |
| | R | ■ | | | | | | | | | ■ | ■ |

**Acoustic Reflex**

| Stimulus Ear | 250 | 500 | 1000 | 2000 | 4000 | 6000 | BBN | Ipsilateral LBN | HBN |
|---|---|---|---|---|---|---|---|---|---|
| R | | | | | | | | | |
| L | | | | | | | | | |

| | 250 | 500 | 1000 | 2000 | 4000 | 6000 | BBN | Contralateral LBN | HBN |
|---|---|---|---|---|---|---|---|---|---|
| R | | | | | | | | | |
| L | | | | | | | | | |

**Pure Tone Average**
**(3 Freq.)**

| R | L |
|---|---|
| | |

**Tympanometry**

| | R | L |
|---|---|---|
| Type | | |
| Ear Canal Volume (cc) | | |
| Peak Pressure (mm H2O) | | |
| Peak Height (cc) | | |
| Gradient (cc) | | |

**REPORT COMMENTS:**

Signature: _____ Date: _____