

Assessment Coversheet

Child's Name: _____ State: _____ Sex: M F

Primary home language: English Spanish Other:

Hearing Difference: Bilateral Unilateral

Auditory Neuropathy: Yes No

Children with **bilateral** hearing difference, check hearing level in the BETTER ear

Children with **unilateral** hearing difference, check hearing level in the AFFECTED ear

Mild (PTA = 25 to 40 dB)

Severe (PTA = 71 to 90 dB)

Moderate (PTA = 41 to 55 dB)

Profound (PTA > 90 dB)

Moderate-Severe (PTA = 56 to 70 dB)

Contact information for the *professional who is facilitating this evaluation* in case we have questions (and so we know where to send results):

Name: _____

Phone: _____

E-Mail: _____

Send all completed assessments and forms to: elo@colorado.edu

Comments (if any): _____