

## 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](mailto:elo@colorado.edu)**

Comments (if any):