

**LOWER DAUPHIN SCHOOL DISTRICT  
KINDERGARTEN REGISTRATION  
HEARING QUESTIONNAIRE**

**Childs Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A. Does your child have a permanent hearing loss?      Yes    No

B. 1. In the past year, has your child had frequent  
ear infections or middle ear fluid?  
(3 per season or lasting 2 months)      Yes    No

2. Does your child have an ear infection now?      Yes    No

3. Do you think your child has difficulty hearing?      Yes    No

C. 1. Is there a history of hearing loss in your  
Immediate family?      Yes    No

2. Is your child inconsistent in listening?  
(Example: At times he/she seems to hear well,  
then other times seems not to hear well?)      Yes    No

3. Does your child need to watch you when  
you speak in order to understand what you say?      Yes    No

4. Does your child become confused when  
following directions? (Example: He/she does  
not understand or confuses words or phrases.)      Yes    No

5. Does your child have difficulty listening in a  
group situation or when background noise is  
present?      Yes    No

---

For School Use Only:

Questionnaire indicates: Screen      \_\_\_\_\_

Questionnaire indicates: No Screen      \_\_\_\_\_

Rev. 11/11

