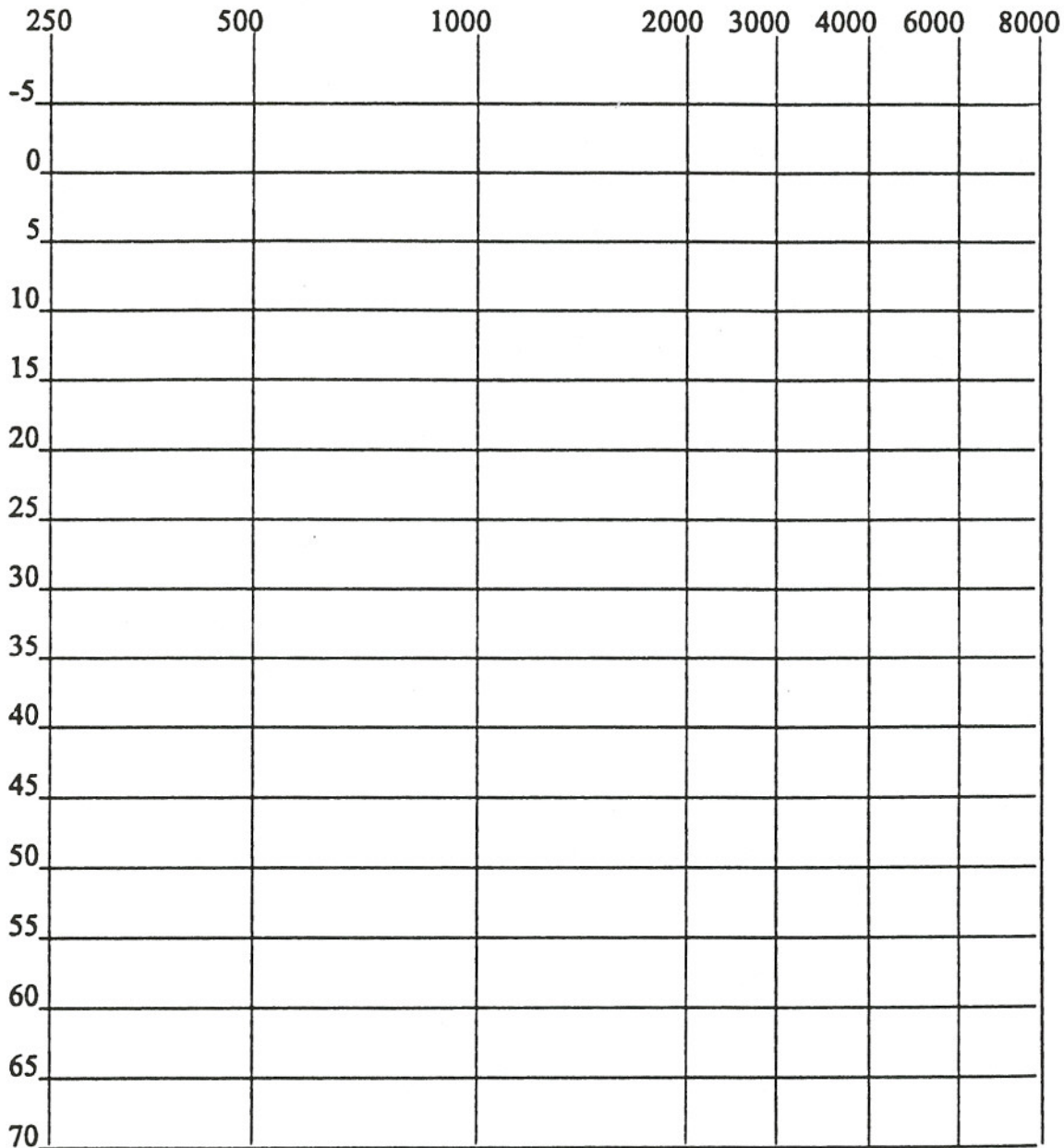


AUDIOGRAM
GREENE COUNTY SCHOOLS

NAME _____ DATE _____
NO: _____
OPR. _____ AUDIOMETER: _____



Test Conditions: _____ Quiet
 _____ Mod. Noise
 _____ Noisy

Test Reliability: _____ Good
 _____ Fair
 _____ Poor

Key: Right 0
 Left X
 No Response - NR