GREENE COUNTY SCHOOLS

L-SEF-7
Revised 8/01

SPECIAL EDUCATION DIVISION
SCHOOL SPEECH/LANGUAGE AND HEARING SCREENING ROSTER

SCHOOL:_____ DATE:_____

TEACHER:_____ GRADE:_____

NAME	Sp/Lang		Initial Hearing		Second Hearing		Threshold Test		Tympanogram	
	P	F	P	F	P	F	P	F	R	L
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										