

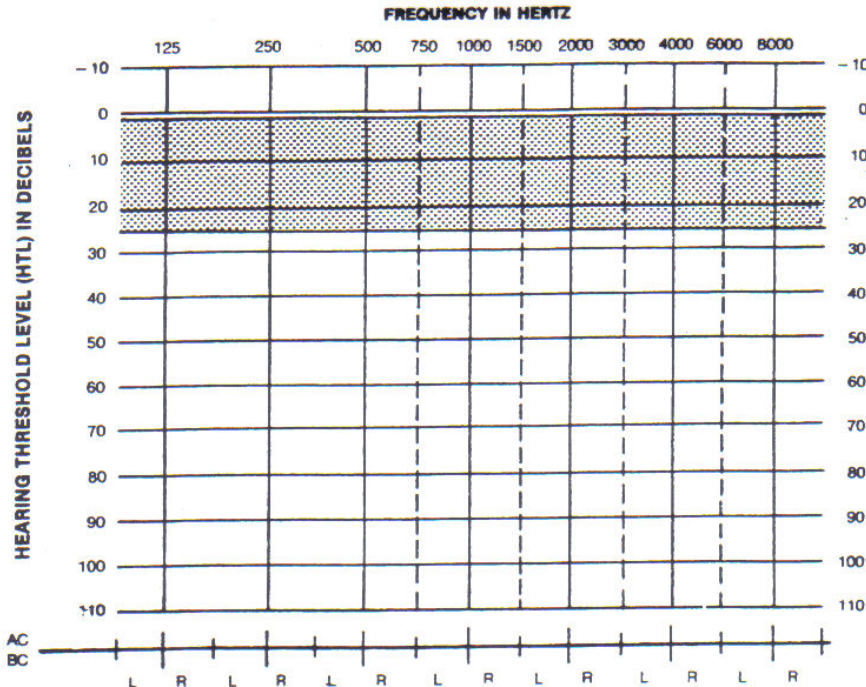
THE ALABAMA A & M SPEECH AND HEARING CLINIC

Audiological Services
Communicative Sciences & Disorders
P.O. Box 357, Normal, AL 35762

AUDIOLOGICAL EVALUATION

Name _____ Date Evaluated _____

Birth Date _____ Age _____ Sex _____



AUDIOGRAM KEY

AC UNMASKED AC MASKED BC MASTOID UNMASKED BC MASTOID MASKED SOUND FIELD	RIGHT LEFT *
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EXAMPLE OF NO RESPONSE SYMBOLS

AUDIOMETER

CALIBRATED AND ANSI-STANDARD

MAKE _____

MODEL _____

RESPONSES

CONSISTENT _____

INCONSISTENT _____

RELIABILITY _____

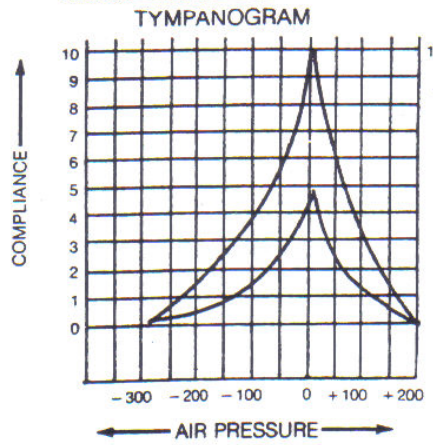
MASKING LEVEL IN NON-TEST EAR

PURE TONE AVERAGE (500, 1000 & 2000 Hz)	SPEECH Live-Voice	RECEPTION AWARENESS Rt ___ dB Lt ___ dB Field ___ dB	THRESHOLD Recorded
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AIR: Rt ___ dB Lt ___ dB

SPEECH DISCRIMINATION SCORES

Live Voice	Recorded
Rt ___ % at ___ dB	Lt ___ % at ___ dB
Field ___ % at ___ dB	Stimuli _____



COMMENTS:

REFLEXES	Stimulus RE			
	Stimulus LE			

_____ Audiologist