

**Hearing Evaluation Report**

Information required by the Ohio Department of  
Mental Retardation and Developmental Disabilities

Choices In Community Living, Inc.  
1651 Needmore Road  
Dayton, Ohio 45414  
(937) 898-2220

Name: \_\_\_\_\_ Date of exam: \_\_\_\_\_

**Communication Ability**

With visual contact	Fair	Good	Poor
Without visual contact	Fair	Good	Poor
With hearing aid	Fair	Good	Poor
Without hearing aid	Fair	Good	Poor

**Hearing Aid Information**

Volume setting marked \_\_\_\_\_

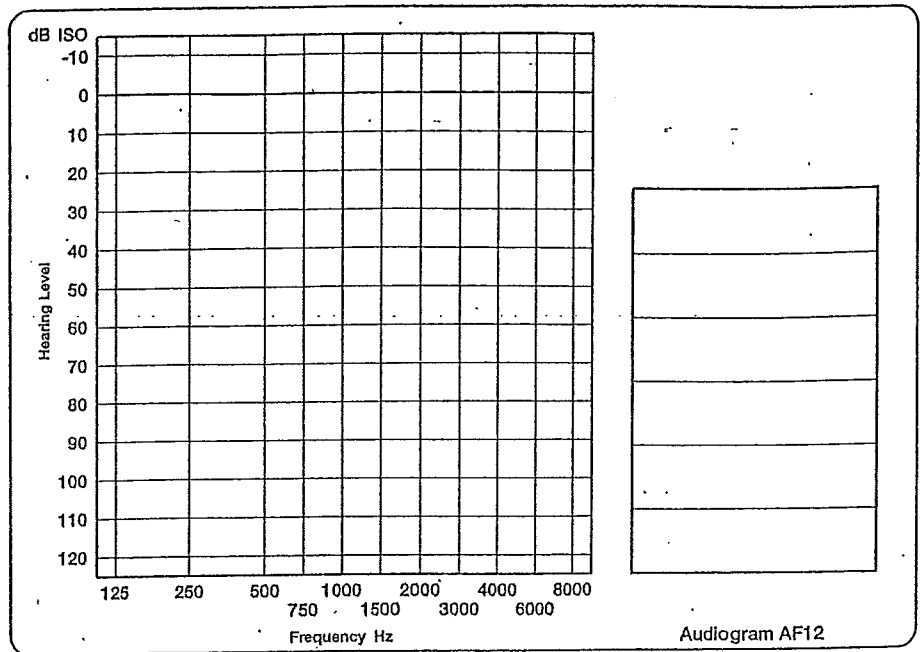
Battery life \_\_\_\_\_

Battery size \_\_\_\_\_

Left	Right	
_____	_____	% of audible speech information
_____	_____	% of aided hearing
_____	_____	% of unaided hearing

Right = O      Left = X

**Audiogram**



Cerumen Management Recommended: \_\_\_\_\_

Next Appointment: \_\_\_\_\_

Hearing Care Specialist Signature \_\_\_\_\_

Address \_\_\_\_\_

