



# ANNUAL REPORT OF HEARING TESTING SCHOOL DISTRICT REPORT



MICHELLE BAASS  
DIRECTOR

**REPORT DUE ON OR BEFORE JUNE 30th OF THE CURRENT SCHOOL YEAR**

GAVIN NEWSOM  
GOVERNOR

CDS Code Number

**Reporting School Year**

County				District			

**Date Completed**

District Name:

District E-mail Address:

Address:

City:

Zip Code:

County:

District Superintendent/Health Administrator First and Last Name:

Title:

District Telephone Number:

GRADES IN DISTRICT; Including Charter Schools	Enter Number of Students Enrolled in EACH GRADE as of the October CALPADS Report	INITIAL SCREENING	RESULTS	DISPOSITION AND FOLLOW-UP	
		Number of Students Screened Per Sec. 2951(c), CCR, Title 17	Number of Students Failed Both Threshold Tests Per Sec. 2951(d), CCR, Title 17	Number of Students Referred for Medical and/or Audiological Evaluation (From Col. (4))	Number of Students Examined by Doctor and/or Audiologist or Under Treatment
(1)	(2)	(3)	(4)	(5)	(6)
K					
*or 1					
2					
3					
4					
*5					
6					
7					
*8					
9					
10					
*or 11					
12					

**All students in these grades shall be tested annually**

**(Section 2951(c), CCR, Title 17).**



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SPECIAL EDUCATION: (See instructions on page 3 of this form. Attach additional information separately.)

### TESTING CONDUCTED BY:

- District School Nurse–Audiometrist, per Section 49420, CEC and Section 2950, CCR, Title 17.
- District School Audiometrist, per Section 44879, CEC.
- District Speech/Hearing Specialist, per Section 49454, CEC
- Testing was conducted by a private agency/individual authorized by the county superintendent, per Section 49452, CEC:

Private agency/individual who preformed testing:

### Return one copy per district using one of the methods below:

- E-mail: [HearingConservationProgram@dhcs.ca.gov](mailto:HearingConservationProgram@dhcs.ca.gov)
- Mail to: Hearing Conservation Program  
Integrated System of Care Division  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437
- Fax: (916) 440-5316

E-mail

Print

SEE PAGE 3 FOR INSTRUCTIONS.



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## INSTRUCTIONS FOR COMPLETING FORM PM 100 ANNUAL REPORT OF HEARING TESTING

Note: This form is to be filled out with the total statistics for the entire School District including Charter Schools and submitted to the State Hearing Conservation Program annually. Please submit one copy of the final form via e-mail, mail or fax. If filling out the form directly from the link on DHCS' website, you can either select the "E-mail" button to directly e-mail the completed form or select the "Print" button to print and fax or mail the form. These buttons are located on pages 1 and 2 and can be used once you have completed it.

Please direct any questions to the Hearing Conservation Program  
at [HearingConservationProgram@dhcs.ca.gov](mailto:HearingConservationProgram@dhcs.ca.gov)

**THIS REPORT IS DUE ON OR BEFORE JUNE 30th OF THE CURRENT SCHOOL YEAR.**

A. Complete identifying information. Insert reporting school year. Your County and School District "CDS Code Number" can be obtained from the CA Public School Directory at [www.cde.ca.gov/SchoolDirectory](http://www.cde.ca.gov/SchoolDirectory). For example, code number for the Sacramento City Unified School District main office in Sacramento County is 67439.

Column Instructions:

Consolidate information from individual school reports. Please record numbers only in columns as directed below. If comments needed, attach on a separate paper.

B. COLUMN (1). Total Grades in District: All grades within the district used for state recording. Any grade with an asterisk requires all students to be screened. The grades listed without an asterisk (2, 3, 4, 6, 7, 9, 12) are only required if it is the students first entry into the California public school system. COLUMN (2). Number of Students Enrolled in each Grade: Enter the number of students enrolled in ALL GRADES as of the October CALPADS report made to the California Department of Education. COLUMN (3). Initial Screening: Enter the number of students in each grade that were screened per Section 2951(c), California Code of Regulations (CCR), Title 17. (Figures for tests conducted in all grades SHALL be included.)

COLUMN (4). Failed both Threshold Tests: Enter number of students who failed both Threshold Tests per Section 2951(d), CCR, Title 17.

COLUMN (5). Number of Students Referred for Medical and/or Audiological Evaluation: From column number (4), enter the number of students who were referred per Section 2951(d), CCR, Title 17.

COLUMN (6). Number of Students Examined by Doctor and/or Audiologist or Under Treatment: From column number (5), enter the number of students who followed up with their doctor and/or audiologist after referral was made (from column 5), or who are known to be receiving treatment.



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## (Continued) INSTRUCTIONS FOR COMPLETING FORM PM 100 ANNUAL REPORT OF HEARING TESTING

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- C. Special Education: Briefly describe the audiometric, audiological, and medical services used when evaluating and placing students in need of special education. (Attach additional information if necessary.)
  
- D. Check the appropriate boxes describing testing personnel. If any of the testing services were provided by contract with an authorized agency/individual, per CEC, Section 49452, enter the name of the agency/individual.