OAE/TYMP SCREENING

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION
SFN 1510 (4-2013)

Clear Fields

Name of Program			
Submitted By			
Telephone Number	Email Address		
Name of Child			Date of Birth
Name of Parents			Telephone Number
Date of Screening	Did the child pass newborn hearing screening? ☐ Yes ☐ No	PE Tubes? ☐ Yes ☐ No	Date
Hear Health/History			
Attach AFIX OAE/TYPM Screening here			

Early Intervention Professional Signature