

## SCHOOL HEARING REFERRAL

Dear Parent/Guardian,

School hearing screening tests, recently performed at \_\_\_\_\_,  
Indicate that your child, \_\_\_\_\_, was tested and did not  
pass the screening.

The school screening program is not a diagnostic service, but does provide screening for hearing problems, some of which may need medical attention. Therefore, it is recommended that your child be seen by his/her primary care physician for **referral to an audiologist** for further evaluation.

**When your audiologist examines your child, please have him/her complete the enclosed form on the reverse side and then please return it to the school health office.** It is very important that we have this report from your doctor to incorporate any recommendations that will assist us in helping your child do his/her best in school.

If you have any questions or concerns, please call me at: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_, School Nurse.