



HEARING SCREENING REFERRAL

Dear Parent/Guardian:

Your child recently participated in the hearing screening program. The hearing screening program is not a diagnostic service, but does provide screening for hearing problems. Some hearing problems may require medical attention.

Based on the screening results, it is recommended that your child be seen by their pediatrician or a hearing specialist. The doctor will then decide if further observation, or treatment, is indicated.

Proper follow up for your child is important to ensuring that any hearing problems are detected early and that your child has the best opportunity for learning.

HEARING SCREENING RESULTS

Student's Name: _____ Date of Birth: _____ Grade: _____

Screened by: _____ Date of Screening: _____ School: _____

	Ear	1000 Hz	2000 Hz	4000 Hz	Results	Reason for Referral
First Screen Date: _____	R				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Unable to screen <input type="checkbox"/> Failed screenings <input type="checkbox"/> Signs & symptoms
Rescreen Date: _____	L				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Unable to screen <input type="checkbox"/> Failed screenings <input type="checkbox"/> Signs & symptoms

Comments: _____

TO BE COMPLETED BY PHYSICIAN

Physician's findings: _____

Diagnosis: _____

Treatment: _____

Referral to specialist: _____

Comments: _____

Physicians' Signature

Printed name of physician

Date

Please return this completed form to the school.