

Hearing Screening Report

Child's Name: _____

Date of Birth: _____

Date of Screening: _____

Child's Age at Screening: _____

Name of Screener and Position: _____

Dear Parents/Guardians

Our school district routinely performs hearing screenings to identify students who have hearing problems or might be at risk for hearing problems. The hearing of students is vital, especially for classroom learning, so it is important to identify any barrier to learning that can be corrected. Your child's school hearing screening results suggest that he/she should have a complete professional hearing exam or a visit to your medical doctor. It is important to your child's school success to have a professional evaluation. If a problem is found and corrected, it may help your student do better in his/her school work. Just because there are no complaints about hearing, you should not assume that your child has perfect hearing. Often children do not know they should be able to hear better than they do.

If you need help finding a local doctor, please contact **Shining Stars Preschool at 910-671-4343 or 910-521-0559**. Enclosed is a referral form to take to your doctor. It is important for us to know the outcome of the professional examination, so please return the form to us with the results of the exam or medical follow-ups.

Instrument Screening (for children birth to 5 years of age) Welch Allyn OAE

_____ Pass:

_____ Referred:

_____ Child unable to cooperate

_____ Other: _____

Comments/Notes: _____

Signature of Person Conducting Screening

Date