

*<Please copy onto your districts letterhead>*  
*<check the top box for regular/failed screening referral>*  
*<check the bottom paragraph for ongoing permission for students known to  
be tested each year>*

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent/Guardian,

\_\_\_\_\_ Your child has failed the hearing screening at school. We wish to have a more complete evaluation done by the Beaver Valley Intermediate Unit Educational Audiologist. This evaluation will be conducted inside the school building with specialized equipment for such assessment. This is a free service. If you give your permission for this testing to be done, please sign this form below and return it to the school nurse immediately. If this form is not returned, it will be assumed that you are not giving your permission and testing will NOT be done.

\_\_\_\_\_ Your child has failed the hearing screening at school in the past and/or has a known hearing loss. It has been recommended that he/she be monitored on a yearly basis by the Beaver Valley Intermediate Unit Educational Audiologist. This evaluation is conducted inside the school building with specialized equipment for such assessment. This is a free service. If you give your permission for this test to be done on an **annual/ongoing basis**, please sign this form below and return it to the school nurse immediately. The Educational Audiologist will continue to conduct this testing on a yearly/monitor basis as long as this permission remains on file unless otherwise discussed and determined by the Educational Audiologist in conjunction and cooperation with the parent(s)/guardian(s) and/or school nurse.

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I give my permission for \_\_\_\_\_ to receive the hearing tests given by the Beaver Valley Intermediate Unit Educational Audiologist as deemed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature