

# Hearing Screening Referral Letter

Date \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_, Zip \_\_\_\_\_

Dear Parent:

The School Health Services program routinely screens students for possible hearing problems in order to identify any barrier to learning that might be corrected. Screening programs are important for these reasons:

- They identify students with possible hearing problems.
- Temporary hearing loss causes students to miss crucial instructions in the classroom.
- Parents may not be aware of a child's mild hearing loss in every day home situations.
- Even mild losses may interfere with learning new vocabulary, which is critical for success in reading.
- Hearing loss is invisible and the child may be blamed for not paying attention.
- Hearing loss may be sign of ear disease.
- Children with very mild losses or loss in only one ear may be experiencing school failure.

Your child failed our screening and rescreening for hearing problems. 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 or her school work. Enclosed is a referral form to take to your physician or audiologist.

It is important to us to know the outcome of the professional examination, so please return the form to us with the results of the exam.

Sincerely,

*School Nurse*