

## Hearing Screening Referral Letter

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

Dear Parent:

The hearing screening recently performed at school indicates that your child is in need of further evaluation. This does not mean that your child has a hearing loss, but it does mean that he or she should be evaluated by an audiologist or a medical professional. We urge you to give this your immediate attention.

Please make an appointment with your child's physician and/or audiologist as soon as possible. It is important to know the outcome of the professional examination, so **please return the bottom of the form to the school with the results of the exam.** If you have any questions, please contact the school nurse.

Sincerely,

Tamra Ching, RN  
Castlewood School Nurse  
605-793-2497

Heidi Mennenga, PhD, RN  
Assistant Professor, SDSU  
605-688-6924  
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Screening Results: (All students are tested at 25 decibels.)

Hz	1000	20000	30000	4000
Right				
Left				

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Dear Doctor:

Please complete the appropriate portion of the form and return to the patient so it may be brought to the school nurse.

I have examined \_\_\_\_\_ on \_\_/\_\_/\_\_.

MEDICAL:	AUDIOLOGICAL:
<input type="checkbox"/> Normal hearing	<input type="checkbox"/> Normal hearing
<input type="checkbox"/> Medically treatable	<input type="checkbox"/> Conductive hearing loss
<input type="checkbox"/> Not medically treatable	<input type="checkbox"/> Mixed hearing loss
<input type="checkbox"/> Outer ear	<input type="checkbox"/> Sensorineural hearing loss
<input type="checkbox"/> Middle ear	<input type="checkbox"/> Refer to physician
<input type="checkbox"/> Inner ear	<input type="checkbox"/> Amplification evaluation
<input type="checkbox"/> Refer to audiology	<input type="checkbox"/> Further comments
<input type="checkbox"/> Further comments	

Comments: \_\_\_\_\_

Signed \_\_\_\_\_