

Tuscaloosa County School System
School Health Services
P. O. Box 2568
Tuscaloosa, AL 35403-2568

Date: _____

Re: _____ (student)

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 students for possible hearing problems and referring those with difficulty to the appropriate health care provider is important for these reasons:

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

Your child failed our screening and re-screening for hearing problems. We feel it is important to your child's school success to have a professional hearing evaluation. If a problem is found and corrected, it may help your student do better in school. Enclosed is a screening report form to take to your doctor.

It is important for your child's school nurse to know what is found on the professional examination, so we would appreciate your returning the form with the results of the exam.

Sincerely,

School Nurse

**Tuscaloosa County Schools
Health Services**

Hearing Screening Report

Student: _____ School: _____

Grade: _____ Teacher: _____ DOB: _____

Date of first screen: _____ Date of second screen: _____

_____ The above named student has failed his/her school hearing screening and re-screening. This student has been advised to see his/her primary care physician for a professional hearing evaluation.

_____ The above named student's teacher reports having observed signs/symptoms of hearing difficulty in the classroom.

Physician's Report:

The above named student was seen in my office for a hearing evaluation on (date) ____/____/____, and the following condition(s) were found: _____

My recommendations are: _____

Signature of Examiner

Date

Tuscaloosa County Schools
Health Services
~~HEARING~~ Referral Summary

School: _____ Date: _____

Student's Name	Grade	Teacher	Left EAR	Right EAR	Both Eyes	√Letter Sent	Follow-up Notes
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