



Hearing Screening Referral

Health Services
 Mat-Su Borough School District
 501 N. Gulkana
 Palmer, AK 99645
 P: (907) 746-9200

Date: _____ **School:** _____ **Grade:** _____
Dear Parent/Guardian of: _____

DOB: _____ **Name:** _____

As a part of our school health program, each student has periodic hearing screening. The most recent screening indicates a need for your child to have a more thorough examination by an Audiologist. *Your student's results will be forwarded to the Mat-Su Borough School District Audiologist. Please contact your school nurse for further information.*

Your child's results were:

Frequency (Hz)	Right Volume (dB) 1st screen/ 2nd screen	Left Volume (dB) 1st screen/ 2nd screen
500	/	/
1000	/	/
2000	/	/
4000	/	/

Your child should have a hearing exam as soon as possible. Please provide an audiology report to your school nurse if your student is seen by a private Audiologist.

 Phone Number

 School Nurse Signature

EXAMINER'S REPORT TO THE SCHOOL

The following information will be helpful to the school nurse and the teacher. Please complete this form and return to the school. Diagnosis, suggestions and restrictions as to class seating, prognosis, or special treatment:

 Date

 Examiner's Signature

 Phone Number

 Examiner's Printed Name