## Appendix AA: Sample Letters

### Sample Parent Letter to Refer Students for Further Evaluation

(Place check by appropriate referral)

*Click to Enter Name of School*

*Click to Enter School’s Address*

*Click to Select the Date*

*Click to Enter Parent’s Name*

*Click to Enter Parent’s Address*

Dear Parent,

Good hearing is critical in the learning process and in your child's ability to progress successfully in school. Because *Click to Enter Child’s Name*’s initial screening at school indicated a possible concern, your child was rescreened on *Click to Sselect a Date*.

During this second screening, your child continued to have difficulty with his/her pure tone screening and/or immittance screening. This screening is NOT conclusive, but it is recommended that your child be seen:

for a full hearing evaluation to identify whether your child may be experiencing a hearing loss which might impact their learning.

by a family physician for possible middle ear problems.

Please note that several causes of hearing loss are not severe, nor permanent, but it is important to identify even a mild loss so that recommendations may be made to help minimize the effects of the loss.

We recommend that your child be evaluated within 14 to 21 days. See the enclosed list of licensed, certified audiologists (health professionals who specialize in hearing) or otolaryngologists in the surrounding area who would be pleased to assess your child's hearing.

I appreciate your willingness to have *Click to Enter Child’s Name* evaluated. If you have any questions or need further information, please do not hesitate to call me at *Click to Enter Phone Number*.

Sincerely,

### Sample Referring Agency Reporting Form

*Click to Enter Name of School*

*Click to Enter School’s Address*

*Click to Select a Date*

Dear *Click to Enter Name of Agency to Whom Child Was Referred*:

Recently, *Click to Enter Child’s Name* participated in a school screening program and the results of the screen and rescreen indicated that he/she needed further evaluation for a possible hearing loss and/or outer/middle ear disorder. It was therefore recommended that the student be seen by you for further evaluation.

We would appreciate your cooperation in completing the form below so that, if necessary, the appropriate accommodations and modifications may be made in order for *Click to Enter Child’s Name* to succeed in school. Please complete the form and return to the address at the top of this letter. If you have further questions or comments, please contact me at *Click to Enter Phone Number*.

Sincerely,

(Cut along dotted line and mail to the school address above)

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STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF EVALUATION PERFORMED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON WHO COMPLETED EVALUATION and DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESULTS OF FULL HEARING EVALUATION:

How could the child's condition, as noted during the examination, interfere with educational testing and performance?

How might the hearing loss impact educational, social/behavioral, and/or vocational performance?

What are the recommendations for accommodations, modifications, and educational programming?

What are the communication needs and abilities of the child?

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_