



SOUTHEAST DELCO SCHOOL DISTRICT

Dear Parents:

Your child, _____ did not pass either the hearing screening test or the re -test given at school on _____. Failure of these tests indicates only that the child should have a more complete ear examination and evaluation.

It is recommended that you consult your family physician to determine whether or not your child needs to be referred to an audiology clinic or an ear specialist.

Please ask your physician to evaluate your child and to complete the form below and return it to me.

Thank you.

_____ R.N.
School Nurse

PHYSICIAN'S REPORT

Name of child _____ Grade _____ Room _____

Tentative Diagnosis _____

Prognosis _____

Recommendations _____

Date _____ Physician's Signature _____