Hearing Screening Permission

Dear Parents,

Your child has been referred to have his/her hearing screened by COP ESD staff. This screening is not a comprehensive audiometric evaluation, nor is it part of a multi-disciplinary evaluation team. Please sign and return the permission form on the bottom portion of this page. You will be notified of the results when the screening is completed. If you have any questions please call the COP ESD staff member at the number below.

Thank you,

I give permission for my child __________________________ to have a hearing screening by COP ESD staff member __________________________. This person can be reached at ________________ if you have any questions.

_________________________________________  __________________________________
Parent Signature                           Date

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