

3192 Turnpike St., Susquehanna, PA 18847

Phone (570) 853-4921

www.scschools.org

**Elementary School
Health Office**
Ext. 1345 or 1343
Fax: (570) 853-3092



**High School
Health Office**
Ext. 2347
Fax: (570) 853-3918

Dear Parent or Guardian of _____: Date _____
Students Name

Your child did not pass the hearing test given at school on _____. The hearing test, as given in the school, is a screening test. Failure of this hearing screening test only indicates that the child should have a more complete ear examination.

It is recommended that he/she have a complete diagnostic ear examination by a physician. This is to include an audiogram.

Please request that the physician complete the other side of this letter. You are also requested to sign and return this completed form to the Health Office.

Sincerely,

Elizabeth Matis, RN
Health Office

See attached threshold report for student results

Physicians Report

Child's Name: _____

Age: _____

Address: _____

Grade: _____

School: Susquehanna Community School District

Results of Threshold Hearing Test

Right Ear

Left Ear

250 500 1000 2000 4000 8000(HZ)
 (dB)

250 500 1000 2000 4000 8000(HZ)
 (dB)

Please Circle: PASS FAIL

Physicians Audiogram Attached? _____ Yes _____ No

Tentative Diagnosis _____

Type of Hearing Loss _____

Prognosis _____

Recommendations _____

(Physician Name Printed)

(Physician Signature)

(Date)

(Physician Address)

(Parent Signature)

(Date)