



Lincoln Public Schools

Health Services Department • 5905 O Street • Lincoln NE 68510 • (402) 436-1657 • (Fax) 436-1686

HEARING REFERRAL LETTER

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Date: _____

To the Parent/Guardian of: _____

A hearing screening has been completed as part of the School Health Program. Results of your child's hearing screening indicate the need for further evaluation by a physician. Your student failed the hearing screening test at school.

Screening Date: _____

The hearing test, as given in the school, is a screening test, and failure of this hearing screening test indicates only that the child should have a more complete ear examination.

It is recommended that you take your child for a more complete examination and further professional advice.

- Otoscopic examination by the school nurse was within normal limits.

More complete evaluations may be obtained by:

1. Examination by your own physician or audiologist.
2. If academic concerns exist please consult with your school's coordinator regarding options to address these concerns.

If you have any questions about this screening, please contact your school nurse.

Thank you,

School Nurse _____

School _____

Date _____

Phone _____

PHYSICIAN/HEARING SPECIALIST REPORT

Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Child's Name: _____ DOB: _____

School: _____

Date of Exam: _____

Result of Hearing Test (if done): _____ Audiogram Attached: Yes No

Diagnosis: _____

Recommendations for School:

Physician Signature

Date

Physician Name/Address/Telephone (please print):

Return This Report to the School Health Office