

Seneca Valley School District



Tracy L. Vitale, Ed.D.
Superintendent of Schools

Administration Center
124 Seneca School Road
Harmony, PA 16037-9134
PHONE: (724) 452-6040
FAX: (724) 452-6105

HEARING REFERRAL

Date: _____

Dear Parent/Guardian:

Student: _____ was tested on _____ and is being referred for professional follow-up because s/he did not perform satisfactorily on our school hearing screening test. These tests are only a rough measure of hearing performance; therefore, full evaluation by a physician is suggested to determine if treatment is necessary.

Please have the physician complete the form below. **If it is not possible for you to arrange an appointment at this time, please give me a call.** Perhaps I can be of assistance.

Thank you,
School Nurse

REPORT OF HEARING EXAMINATION

TO THE PHYSICIAN: This report will enable the school to follow up on your recommendations for any special accommodations that this student may need.

Please return this form to the school nurse by mail or with the student. Thank You.

I have examined the ears of _____ Grade: _____

Tentative diagnosis: _____

Type of hearing loss: _____

Prognosis: _____

Recommendations: _____

Signature of Physician

Date

Phone