

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VA 22902-4596
(434) 296-5885

RESULTS OF HEARING SCREENING

Date: _____

School: _____

RE: _____

Dear: _____

Your child recently underwent a hearing screening.

These results are for your information in determining follow-up.

He / she did not pass the pure tone screening, a task during which the student listens to tones presented through headphones. You may wish to have your child examined by a physician, pediatrician, or ENT specialist.

Other _____

If you have your child examined, please have the examiner complete and return the enclosed form to me. Should you have any questions, please contact me at _____.

Speech / Language Pathologist

[Attach Form 10.04 if referring to a physician, pediatrician, or ENT specialist.]