

Parent Request No Hearing Test



STUDENT:	
SCHOOL:	
GRADE:	
DATE:	

Dear Parent/Guardian:

Your child's hearing is tested each year in grades PK-5 and 8th grade. If you don't want your child's hearing tested, please sign below. Northwest AEA will not provide any hearing screenings for your child until you notify us.

This request will be included in AEA Hearing Department file and the student's school file.

_____ Please do not test my child's hearing

_____ I give permission to test my child's hearing

Comments _____

Please return this form to your child's teacher.

Parent/Guardian

Date

If you have any questions, please contact your local Audiologist at the office below. Thank you.

Lynn Bernard LeMars Service Ctr Sioux City Office Sioux Center Office 712.222.6022 800.352.9040 Ext. 6022 lbernard@nwaea.org	Tina Finch Sioux City Office 712.222.6023 800.352.9040 Ext. 6023 tfinch@nwaea.org	Sara Lincoln Sioux City Office Onawa Service Ctr 712.222.6388 800.352.9040 Ext. 6388 slincoln@nwaea.org	Jill Sheehan Cherokee Service Ctr Denison Service Ctr 712.225.2568 Ext. 3204 888.472.6036 Ext. 3204 jsheehan@nwaea.org	Rebecca Young Sioux Center Office 712.722.4378 Ext. 7830 800.572.5073 Ext. 7830 ryoung@nwaea.org
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Northwest Area Education Agency does not discriminate on the basis of race, creed, color, religion, national origin, gender, age, marital status, sexual orientation, gender identity, disability, veteran status or as otherwise prohibited by law in its educational programs, services and employment practices. Questions or grievances related to this policy may be addressed to: Jerome Schaefer, Equity Coordinator, 1520 Morningside Ave., Sioux City, IA, 51106, 800-352-9040.