

Parent Request No Hearing Test



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| 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.

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| 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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