

NOCAC Head Start - ECE Preschool Hearing Report Form

HT - 1123

Dear parent – take this form to your doctor. Your child has failed our screen and needs professional evaluation by this date: _____. Ask your child’s teacher if you do not know where to take him or her. Thank you!

***Dear Provider** – please complete this form and mail it to us as soon as possible after you see the child. Our federal regulations require that we document the visit. We appreciate your help!

Child’s Name	Date of Referral:
Center	D.O.B.
Reason For Referral (screening failed or type of symptom):	

Pure Tone Audiogram Results:
Right Ear _____ db Left Ear _____ db

Was treatment for a hearing problem necessary for this child? yes _____ no _____
If yes, please attach a copy of the report.

Did you initiate this treatment? yes _____ no _____

Do you wish to see this child again? yes _____ no _____ When _____

Summary of hearing problem and diagnosis, if indicated:
Comments:

Specialist Signature: 	Return form to: Disabilities/Intervention Coordinator 1933 E. Second St. Defiance, Oh. 43512
Address; 	
Date: 	