



WOOD COUNTY HEAD START, INC.
HEARING REFERRAL

1011 8TH STREET SOUTH
 WISCONSIN RAPIDS, WI 54494
 715-421-2066 ~ FAX 715-421-2069

Dear Parent:

When your child began preschool, you completed a hearing screening consent form. Our hearing screening procedure is completed using an audiometer. An initial screening is completed within 45 days of enrollment and a rescreen completed if necessary.

Recently your child completed those screenings and did not pass. We recommend you make an appointment with a physician or audiologist of your choice as soon as possible. When you visit the doctor please give this form to him/her. We are requesting the doctor fill it out and send it back to us.

Child's Name: _____ Birth Date: _____

Parent/Guardian: _____

Wood County Head Start, Inc. Initial Screening: Date: _____

Results:	Right Ear:	1000Hz _____	2000Hz _____
	Left Ear:	1000HZ _____	2000Hz _____

Results: Rescreen: Date: _____

Right Ear:	1000Hz _____	2000Hz _____
Left Ear:	1000HZ _____	2000Hz _____

Dear Doctor:

The above named child has participated in the Wood County Head Start hearing screening procedure and did not pass. After examination, please fill in the results and any treatment or comments that would help us better serve the child's needs while enrolled in our program. Please send or fax this form to the above address when completed. This information will be kept in the child's file.

Results/Comments: _____

Name of Clinic: _____

Doctor's Signature: _____ **Date:** _____