San Francisco Unified School District
Student, Family, and Community Support Department
School Health Programs
1515 Quintara St.
San Francisco, CA 94116
_415/242.2615_
Fax: 242.2618
http://www.healthiersf.org

Dear Parent/Guardian:

A hearing screening was conducted at your child's school on _____. Your child did not pass the hearing screening and further examination is needed.

- Please take your child to his/her healthcare provider for further examination. Bring this letter and attached report. Please have the healthcare provider complete the back of this letter and mail to the above address. It may be necessary for your healthcare provider to refer your child for a complete audiological assessment. If your child does not have a healthcare provider, contact your child's health insurance carrier to find an available pediatric provider.

- If your child does not have health insurance, please contact one of the following insurance carriers. You may also contact San Francisco General Hospital Children's Health Center for assistance with health insurance:
  - SF Health Plan 1-888-201-6374
  - Covered CA – Medi-Cal 1-800-300-1506
  - SF General 415-206-8383 (Children's Health Center)

If you have questions, please contact the Nurse of the Day at School Health Programs, SFCSD at (415) 242-2615. Thank you.

STUDENT INFORMATION FOR HEARING SCREENING

_____ _____
Name of Student School

_____ _____ _____
Student's Address Grade Room #

_____ _____
City/Zip Code Birth date (mo/day/year)

Reason for Referral: Failed hearing screening (Bring attached report to the healthcare provider)

PLEASE RETURN THIS REPORT TO ADDRESS BELOW WHEN COMPLETE

Dear Healthcare Provider:

This student is being referred to you because s/he did not pass the hearing screening at school (see attached report). Please examine the child, complete the report below, and return report to:

School Health Programs, SFCSD
Attention: Hearing Screening
1515 Quintara Street, San Francisco, CA 94116

HEALTHCARE PROVIDER REPORT **DATE OF EXAM ___/___/___**

FINDINGS:

❑ *Passed hearing screen* ❑ *Right ear* ❑ *Left ear* ❑ *Both ears*

❑ *Failed hearing screen* ❑ *Right ear* ❑ *Left ear* ❑ *Both ears*

❑ *Abnormal middle ear exam* ❑ *Right ear* ❑ *Left ear* ❑ *Both ears*

❑ *Abnormal ear canal* ❑ *Right ear* ❑ *Left ear* ❑ *Both ear*

❑ *Right ear hearing loss* ❑ *Mild* ❑ *Moderate* ❑ *Severe* ❑ *Profound**

❑ *Left ear hearing loss* ❑ *Mild* ❑ *Moderate* ❑ *Severe* ❑ *Profound**

* If child fails hearing screen and has no other findings, please refer for complete audiological assessment

	250	**500**	**1000**	**2000**	**3000**	**4000**	**8000**
Right ear							
Left ear							

Recommendations:

- ❑ No treatment recommended at this time.
- ❑ Student referred for further evaluation on:_____, by:_____.
- ❑ Student currently receiving treatment and will receive follow-up on_____.
- ❑ Hearing aids prescribed
- ❑ Student should be referred to SFUSD Hearing Services
- ❑ Student should be referred to SFUSD Speech and Language Services
- ❑ Other_____

Name of Examiner:_____Specialty:_____

Signature:_____Date:_____

Address:_____Phone:_____