West Jefferson Hearing Screening Consent Form

December 10th, 2025 starting at 10:00am until finished

To the Parent(s)/Legal Guardian(s) of:

Student Name: _____
Date of Birth: _____
Grade/Class: _____

Purpose of the screening

A routine hearing screening is planned for your child to assess their hearing ability. Early detection is important to prevent delays in a child's speech, language, and social development.

Procedure description

The screening will be performed by the Lions Club in a quiet room called their Hearing Screening Mobile Unit. Your child will be using headphones. The child will be asked to respond by raising a hand or performing a similar action when they hear a series of soft tones. The screening is quick, simple, and painless.

Screening results

This is a pass/fail screening and is not a diagnostic evaluation.

- **If your child passes**, no further action is required at this time.
- **If your child does not pass**, it may be due to a temporary condition like an ear infection, earwax buildup, or congestion. You will be notified. For further testing you can schedule a more comprehensive hearing evaluation with an audiologist or your pediatrician.

Parental consent: Please indicate your consent below if you would like your child to receive the hearing screening at no cost and return this form to your child's school.

Signature:_____ **Date:** _____