

HEARING SCREENING

September 8, 2026

Dear Parent/Guardian:

A hearing screening will be carried out at your child's school in the next couple of months, (Oct-Jan). A specific date or date(s) will be sent to the school.

HEARING SCREENING - conducted with students in grades K & 1

The hearing screening program is designed to identify students who may have hearing loss which can affect the child's speech and language acquisition, learning ability, and social development. Following the initial screening, you may receive a letter from the school division recommending that your child see an audiologist for further assessment.

PLEASE NOTE: Because the screenings take place only once per year at each school, parents of children who are absent at the time of the vision and/or hearing screening will also receive a letter recommending follow-up, as no further school screening will occur.

VISION & HEARING SCREENING PROGRAM CONSENT FORM

Please complete this form and return it to the school by _____.

I give permission for _____ to be screened for Hearing (K &1)
(Name of child) (Please circle grade)

OR

I do **NOT** want _____ to be screened for Hearing (K &1)
(Name of child) (Please circle grade)

Parent's Name: _____ Signature: _____
(Please print)

Date: _____ School: _____

Teacher's name: _____ Class: _____ (e.g., K-PM, 3A)