

**HANCOCK COUNTY SCHOOLS**  
**SPEECH-LANGUAGE-HEARING SCREENING RESULTS**  
**PARENT INFORMATION FORM**

Child's Name \_\_\_\_\_ Screening Date \_\_\_\_\_

Dear Parent or Guardian:

Your child's communication skills were  screened  rescreened in the following areas:

<input type="checkbox"/> speech sounds <input type="checkbox"/> language skills <input type="checkbox"/> fluency <input type="checkbox"/> voice quality <input type="checkbox"/> hearing <input type="checkbox"/> ear functioning
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The results are reported as follows:

**ARTICULATION, LANGUAGE, FLUENCY, VOICE** (Check all that apply.)

- Unless indicated below**, no significant errors were observed in the skills that were screened.
- \_\_\_\_\_ Your child was showing some age-appropriate speech sound errors. A rescreening will be conducted.  
When: \_\_\_\_\_
- \_\_\_\_\_ Your child was showing some age-appropriate language errors. A rescreening will be conducted.  
When: \_\_\_\_\_
- \_\_\_\_\_ Your child was showing some mildly disfluent speech. A rescreening will be conducted.  
When: \_\_\_\_\_
- \_\_\_\_\_ Your child's voice sounded mildly \_\_\_\_\_. A rescreening will be conducted.  
When: \_\_\_\_\_
- \_\_\_\_\_ A possible communication problem was noticed in the area(s) of \_\_\_\_\_.  
A further evaluation is recommended. You will be notified to obtain your permission.

**HEARING/OUTER AND MIDDLE EAR FUNCTIONING**

**Pure-Tone Hearing Screening** – (responding to soft tones of 3 different pitches at 20-25 dB loudness levels)

- \_\_\_\_\_ Your child's hearing screening results were within normal limits.
- \_\_\_\_\_ Your child's hearing screening results were questionable. Your child will be rescreened within approximately \_\_\_\_\_ weeks.
- \_\_\_\_\_ A possible hearing problem in the  right ear  left ear was noticed. You will be receiving a referral letter with recommendations.

**Tympanometry** – (a brief screening procedure to check ear canal, ear drum, and middle ear functions)

- \_\_\_\_\_ Your child's middle ear screening results were within normal limits.
- \_\_\_\_\_ Your child's middle ear screening results were questionable. Your child will be rescreened within approximately \_\_\_\_\_ weeks.
- \_\_\_\_\_ A possible medical ear problem in the  right ear  left ear was noticed. You will be receiving a referral letter with recommendations.

**Comments:**

Please contact me at school if you have any questions.

\_\_\_\_\_  
Speech-Language Pathologist