



2700 KEARNS BOULEVARD
PARK CITY, UT 84060

OFFICE: (435) 645-5600
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NOTICE OF HEARING SCREEN RESULTS

Dear Parent/Guardian:

Your child recently participated in a school-wide hearing screening conducted at _____ . _____ failed to respond at one or more of the frequencies tested (500Hz, 1000 Hz, 2000 Hz, 4000 Hz) at 20dBHL. It is recommended that you take _____ for a complete audiological evaluation at your earliest convenience. You may choose to have that evaluation completed free of charge with our district audiologist. Please call Devin Christensen, MA, MEd, CCC/A at (801)464-2086 to schedule that appointment. If you choose to have the testing done elsewhere, please provide your child's school with a copy of the hearing test results.

The audiological evaluation may determine that a hearing loss is present and your child would benefit from hearing aids. If you have no medical insurance or need assistance for determining eligibility for Medicaid or the Children's Health Insurance Program (CHIP), please contact Fanny Vernal at the People's Health Clinic at (435) 333-1857.

If you have any questions or concerns, please call me at _____ or email me at _____.

Sincerely,

Speech-Language Pathologist