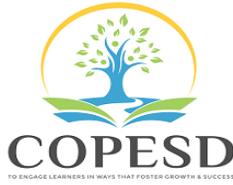


**CHEBOYGAN • OTSEGO • PRESQUE ISLE
EDUCATIONAL SERVICE DISTRICT**

6065 Learning Lane
(231) 238-9394



Indian River, MI 49749
(231) 238-8551 (fax)

Date: _____

Dear Parent/s:

The COP ESD sponsored Ear Lab will be at your child's school on: _____

Your child's appointment is scheduled for: _____

The purpose of the visit is to provide hearing evaluations; check any problems with hearing aids and make adjustments; check and adjust FM equipment; and/or make ear molds for students, if needed. Principals will be contacted by the COP ESD Consultant for the Hearing Impaired to arrange for dismissal from scheduled classes, if necessary.

If you have any specific concerns regarding your child's hearing aids, please address these concerns on the permission slip below.

Please send this permission slip (below) with your child to school.



I give permission for my child, _____ to attend the Audiological clinic on:

Date

Parent Signature

If you want your child to participate in one or more aspects, please check below:

Parent Concerns Regarding Hearing Aid Performance:

- Hearing Evaluation _____
- Hearing Aid Check _____
- FM Check and Adjustment _____
- Ear molds for FM Equipment _____

Original: Parent

Copy: Consultant

Revised 1-6-2022

Jamie Huber, Superintendent

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