

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

6065 Learning Lane
(231) 238-9394



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

Hearing Screening Permission

Dear Parents,

Your child has been referred to have his/her hearing screened by COP ESD staff. This screening is not a comprehensive audiometric evaluation, nor is it part of a multi-disciplinary evaluation team.

Please sign and return the permission form on the bottom portion of this page. You will be notified of the results when the screening is completed. If you have any questions, please call the COPESD staff member at the number below.

Thank you,



I give permission for my child _____ to have a hearing screening done
by COPESD staff member _____. This person can be reached
at _____ if you have any questions.

Parent Signature

Date