

SPEED S.E.J.A. #802
1125 Division Street
Chicago Heights, Illinois 60411-2491

Dr. Geneva Walters
Superintendent



Telephone: 708/481-6100
TDD: 708/481-6100
Fax: 708/481-5713

Date: _____

2nd request _____

3rd request _____

Parent or Guardian:

Your child was unable to be conditioned to audiometer screening response parameter. (Non responsive)

We encourage that all students who are not able to be screened at school, be taken for a hearing exam.

Attached is a list of helpful suggestions where you may want to take your child. (Optional)

1. If you should choose to get your child evaluated. Please take this letter to the hearing exam.
2. Have the Doctor complete a report.
3. Return the report to school. The completed form will be placed in your child's school record.

I appreciate your prompt attention and cooperation in this matter. If you have any questions, please contact us at (708) _____

Sincerely,