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**Dr. Geneva Walters**  
Superintendent

Date: \_\_\_\_\_

2<sup>nd</sup> request

3<sup>rd</sup> request

Dear Parent/Guardian:

Your child, \_\_\_\_\_ recently received a hearing screening at school. The results of this screening indicate your child may have a hearing problem. Because many hearing problems can be corrected with prompt medical attention, it is recommended that you take your child to the Pediatrician or an ear specialist (ENT Doctor) as soon as possible for an ear examination.

Along with this letter, you will find an Illinois Department of Public Health Treating Physician's Report form and an envelope with my name and address on it. Please:

1. Take this letter and the Treating Physician's Report form to the doctor.
2. Have the doctor complete the report.
3. Sign the lower left hand corner of the report (Release of Information section).
4. Return the completed report to school. The report will be placed in your child's school file.

I appreciate your prompt attention and cooperation in this matter. If you have any questions, please feel free to contact me at (708) \_\_\_\_\_

Sincerely,

School Nurse