

**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: \_\_\_\_\_

2<sup>nd</sup> request \_\_\_\_\_

3<sup>rd</sup> request \_\_\_\_\_

Parent or Guardian:

Your child did not pass the school's annual hearing screening.

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

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 me at (708) \_\_\_\_\_

Sincerely,