

# Due West Elementary School

## Cobb County School District

*"A community with a passion for learning"*



Cynthia N. Hanauer  
Principal

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Student's Name

Date

Dear Parents:

Your child has been referred for a hearing screening. If your child is able to pass this screening, no further information will be sent to you. However, if your child is unable to pass the screening, a letter will be sent to you in approximately three weeks advising you of the results and recommendations.

Thank you for your assistance.

Sincerely,

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Examiner's Signature

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I hereby grant my permission for the following:

A hearing screening of my child by the representatives for Cobb County Public Schools.

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Parent or Guardian Signature

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Date

PLEASE RETURN TO: \_\_\_\_\_