**Hearing Screening Permission Form**

**Why should my child get a hearing screening?**

Every family should have their baby’s hearing checked at birth and regularly during early childhood. Hearing can change after birth, even during childhood, and a periodic hearing screening allows any changes to be caught early. **It is very important for children to hear well. Good hearing helps:**

**∙Promote social-emotional wellness for young children**. Hearing is a key part of communication. Without is, a child’s communication with others may be hindered and affect their social development. Also, a child with undetected hearing loss may appear to have challenging behavior since they cannot hear, causing the child to undergo unnecessary discipline.

**∙Support literacy skills and other cognitive development**. For example, young children who hear lots of lively, interesting talk are more likely to develop a rich vocabulary.

**Note:** This is just a screening, not a tool to diagnose a hearing condition. This screening allows us to detect a possible concern and identify children who may benefit from a full hearing evaluation. If hearing loss is found after a full evaluation, hearing loss is very treatable. There’s a lot that can be done if your child needs help—help that can support your child to reach their full potential.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Early Childhood Program (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Horizons Early Intervention and Grand Beginnings, as part of the Meeting Milestones Initiative (MMI), are partnering to provide hearing screenings to children (recommended ages 2 months to 5 years) at no cost to families.

**I DO give consent for my child to get a free hearing screening:**

**I DO NOT give consent for my child to get a free hearing screening:**

Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_