



TROUP COUNTY BOARD OF EDUCATION
Exceptional Education Services
712 Whitesville Road LaGrange, Georgia 30240
 706 812 7939 * fax 706 883-2395
www.troup.k12.ga.us

Superintendent, Dr. Cole Pugh

Director of Exceptional Education: Dr. L Sankar

Permission for Audiological Evaluation

Date _____

Dear Parent/Guardian:

It has been recommended that your child receive an audiological evaluation to assess his/her hearing. This evaluation will be conducted at your child's school. In order for your child to receive this evaluation, please complete, sign and date this consent form and return it as soon as possible. The test date will be determined after the permission is returned. You will be notified in advance of the evaluation date. If you have any questions or concerns, please contact your child's teacher or Laura Nichols.

Thank you.
 Laura Nichols
 Exceptional Education Coordinator
 (706) 812-7939 nicholslr@troup.org

CONSENT FOR EVALUATION –please check one of the following two choices.

_____ I agree for the Troup County School System to conduct an audiological evaluation on my child.

_____ I DO NOT agree for the following reasons:

Please complete the information below:

Child's name _____
 Date of birth _____
 School _____
 Grade _____
 Parent/Guardian's Name: _____
 Home phone # _____ Work/Daytime phone # _____
 Street Address _____ City _____ Zip _____

Signature of Parent/Guardian

Date

