**Teacher of the Deaf/Hard of Hearing**

**Hearing Screening Follow-Up**

School/District­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student Name** | **Parent/Guardian(s)** | **Phone Contact #** | **Email Address(es)** | **Mailing Address** | **TOD Letter Sent** | **Phone/Email Follow-Up** |
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