



Department of Audiology Services
Education Center
6500 Arapahoe
Boulder, CO 80303
(720) 561-5264, (720) 561-5266

Hearing Screening/Monitoring Waiver

School Year: 20____ - ____

Grade: _____

Student's Name: _____

School: _____

I _____, the parent/legal guardian of _____, request that he/she be exempt from the state mandated annual school hearing screening/monitoring for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's hearing may be screened/monitored as mandated by the Colorado Department of Education's guidelines for school hearing screenings. I also understand that by choosing to exempt my child from the district hearing screening/monitoring, I will not hold the district liable in any way for any undetected changes in hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing/hearing health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the Boulder Valley School's Audiology Department at least 2 weeks prior to the school's scheduled hearing screening/monitoring.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

This area for office use only:

Received by Audiology: _____

Initials: _____