

## **Children's Hearing Screening School/Organization Information Sheet**

Name of school/organization:	
Address of school/organization where screening will take place:	
Contact Person Name:	
Contact Phone #:	
Contact Email:	
# of students that require screening:	Age Range:
Preferred month of visit:	
Earliest time to start screening:	
Latest time screening can end:	
Has the Ear Research Foundation performed screenings at your si	te in the past?
Additional information:	

\*\*\*Please note that the ERF team will need a quiet room, one table, small trash bin, and 3 chairs for screenings. When providing earliest/latest time for screening; earliest is typically when drop offs/start time is for children. Latest time is either before lunch or right before pick up. We ask that you provide these times so we can properly schedule staff for an appropriate amount of time, based on # of children.

Please email to <a href="mailto:info@EarRF.org">info@EarRF.org</a> or mail to address below.