## **Hearing Check Parent Consent Form**

Name of Child:			
		5. Has your child had any history of learning	ng or attention disorders?
		Please circle: Yes / No If yes, please p	rovide details:
		I have read the above information and a checked using Sound Scouts.	gree to my child having their hearing
		Name of Parent/Guardian:	
		Parent's email address for report	
		Parent/Guardian's Signature:	Date:
For more information about Sound Scouts www.soundscouts.com	s and to view their Privacy Policy please visit:		
per the instructions in the App. Informatio	e dependent on the test being carried out as n on this form is retained by the school and of the conducting a test and generating a		
School Office Use Only: First Test Date:	First Test Result		
Re-Test Date (if r	necessary): Re-Test Result		

Sound Scouts is supported by:











PO Box 746 Naracoorte South Australia 5271

Telephone 08 87622977

Dear Parents/Caregivers,

Naracoorte South Primary School has the opportunity to conduct hearing tests utilising the hearing screening App Sound Scouts. The App has been developed by Sound Scouts HQ in collaboration with Australia's National Acoustic Laboratories, the research arm of Hearing Australia, and is supported by the Department of Health. Your child will play a game on an iPad/tablet or smartphone using a set of headphones under the supervision of a staff member. A report will be automatically generated following the test. Hearing assessment is encouraged due to the importance of early intervention of hearing issues. Optimal educational outcomes are dependent on good hearing.

If you would like your child to participate in the test please complete this form (using block letters) and return:

Warm Regards,

Kym Shepherd

Deputy Principal

Naracoorte South Primary School