

Your Emblem Here

Hearing Check Parent Consent Form

The school is conducting 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 responsible adult. 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 and sign this form:

Name of Child: _____ Class: _____

1. What is your child's month and year of birth? (mm/year) _____

2. Is English the only language spoken at home? (Yes/No) _____

3. Is your child of Aboriginal or Torres Strait Islander origin? Choose from the following (please circle):
Yes Aboriginal / Yes Torres Strait Islander / Yes both Aboriginal and TSI / No / Prefer not to say

4. Has your child had any history of hearing problems? For example, has he or she ever been fitted with grommets? Please circle Yes / No

If yes, please provide details:

5. Has your child had any history of learning or attention disorders? Please circle: Yes / No

If yes, please provide details

I have read the above information and agree to my child having their hearing checked using Sound Scouts.

Name of Parent/Guardian: _____

(block letters)

Parent's email address for report _____

Parent/Guardian's Signature: _____ Date: _____

For more information about Sound Scouts and to view their Privacy Policy please visit: www.soundscouts.com

NB: Optimal results from Sound Scouts are dependent on the test being carried out as per the instructions in the App. Please note the only mandatory information transferred from this form to the Sound Scouts App is the birth month and year of your child. All other information is retained by the school.

School Office Use Only: First Test Date: _____ First Test Result _____

Re-Test Date (If necessary): _____ Re-Test Result _____

Sound Scouts is supported by:

