

**LONG COUNTY SCHOOLS**  
**Permission for Audiological Services**

Your student, \_\_\_\_\_ has been referred for an audiological  
evaluation by \_\_\_\_\_ for the following reasons:

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These specialized services are provided for Long County School students through First District Regional Education Service Agency (FDRESA). The evaluation is conducted by a licensed, experienced audiologist at no cost to you.

You may contact **Donna Manning, Special Education Program Director at (912) 545-2919** with any questions regarding this referral.

Please indicate your decision for your student to receive these services by checking the appropriate statement below and returning this form to your child's teacher.

**Yes, I give permission for my child to be evaluated by FDRESA and to receive follow-up testing as needed during the school year.**

**No, I do not give consent for my student to be evaluated at this time.**

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**Parent Signature** **Date**