ALAMOGORDO PUBLIC SCHOOLS
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Students with Hearing Impairments

Please return form to the School Nurse

Child's Name_____Age_____School_____

My child has hearing loss in Left ear Right ear

Degree of hearing loss ☐ Mild ☐ Moderate ☐ Severe

My child wears hearing aids ☐ Yes ☐ No

My child needs preferential seating ☐ Yes ☐ No

My child uses an fm system in class ☐ Yes ☐ No

My child has an IEP ☐ Yes ☐ No

My child has a 504 plan ☐ Yes ☐ No

Information that the staff needs to know:

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