SERTOMA SPEECH & HEARING CENTER AUDIOLOGICAL REFERRAL

Send all referrals to the Eisenhower Cooperative for processing and tracking

_____Hearing Screening **Reason**: could not test at school because: ❑ age ❑ could not condition ❑ muilt-needs ❑ transfer student ❑ needs additonal testing

_____Hearing Evalution **Reason:** annual testing ❑ academic concerns ❑ case study ❑ reported hearing loss ❑ failed school screening

_____Hearing Aid Check **Reason**: ❑ working/maintaince check ❑ not working (please explain)_____

_____New Student in DHH/HI program **Reason:** ❑ needs updated audiogram ❑ needs testing in noise ❑ needs FM eval/programming

_____Evaluation for Auditory Processing Disorder (APD) **Reason: _____**

Special considerations: **MUST BE 1) 7 yrs old 2) Proficient in English 3) No other coginitive impairment** These may impact the validity of the APD testing. A diagnois will not be given unless it can be ruled out that these factors did not impact the test. For cases that may have special factors please contact Jami Cyrier to discuss if testing is appropriate.

_____FM evalutation and programming **Reason:_____**

_____Ear Mold Impressions **Reason:** ❑ for FM system ❑ for booted FM system

_____Other (please explain) _____

Student's Name: _____ DOB: _____ Sex: ❑ M ❑ F District #: _____

Parent's Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City, Zip _____

School Attended: _____ School Phone _____ School Address: _____

Current Grade/Placement: _____ Sp. Ed. Program _____ Related Services: _____

Regular Education Student: ❑ Yes ❑ No Does this student use hearing aids? ❑ Yes ❑ No Itinerant Name: _____

Referred by: _____ Title: _____ Phone: _____

Address: _____ City/Zip: _____

District Representative: _____ Date: _____

Parent/Guardian: _____ Date: _____ Approved via phone conversation: ____

Cooperative Representative: _____ Date: _____

Please check each line and ensure that the information is attached and return to the Eisenhower Cooperative

❑ Hearing Screening Results ❑ Medical History Records ❑ Case Study

CC: Distrist Representative, Referring Party, Parents, DHH/HI Supervisor

10/2016