Hearing Referral Form

Date: __________________

Child’s Name: _____________________________________________

Dear Parent/Guardian:

After reviewing your child’s hearing screening results/observational comments, there is an indication your child may have difficulty hearing. We urge you to take him/her to an appropriately licensed professional for further evaluation.

When your child is examined, please ask the professional to complete this form. Please return it to the school as soon as possible.

Name of School: __________________________________________________________________________

School Address: ___________________________________________________________________________

Licensed Professional Evaluation

This child has been referred to you for further evaluation and/or treatment. Attached are the hearing screening results and/or observational comments which indicate the child may have a hearing impairment that could affect his/her educational advancement. Please complete the following:

Date Examined: _______________

Results (please check all that apply): Specify:

___ Conductive hearing loss : ________________________________________________________________

___ Sensorineural hearing loss: ______________________________________________________________

___ Mixed hearing loss: _________________________________________________________________

___ Central auditory problem(s): ____________________________________________________________

___ No discernable problem

Recommendation(s):

___ Refer for medical treatment: _____________________________________________________________

___ Medical treatment prescribed: ___________________________________________________________

___ Hearing aid evaluation and possible fitting

___ Classroom observation for educational implications

___ Placement in aural rehabilitation classroom

Comments: ______________________________________________________________________________

______________________________________________________________________________________

I felt this referral was: ___ valid         ___ invalid

Signature: ___________________________________________ Title: _____________________________

Office Address:__________________________________________ Phone #: ______________________

Return completed referral to the child’s school