



AUDIOLOGICAL REFERRAL to the Sertoma Speech and Hearing Center

Hearing Screening Could not test due to: Age Could not condition Multi-need Needs additional testing

Hearing Evaluation Reason: Annual eval Case study Reported hearing loss Failed school screening

Hearing Aid Check Reason: Maintenance check Not working (please explain) _____

FM Evaluation Reason: _____

FM Aid Check Reason: Maintenance check Not working (please explain) _____

Earmold Impressions: Reason: For FM system For booted FM system

Evaluation for Auditory Processing Reason: _____

Special considerations for this testing: **MUST BE: 1) 7 years old 2) Proficient in English 3) No known hearing loss 4) No other cognitive impairments.** These factors may impact the validity of the APD testing . A diagnosis will not be given unless it can be ruled out that these factors did not impact the test. Contact Sertoma if there are questions about test validity.

Student Name (first last): _____ DOB: _____ Sex: Male Female

Parent/Guardian Name: _____ Home phone: _____ Work phone: _____

Address: _____ City/Zip: _____

District: _____ School Attending: _____

School Address: _____ School phone: _____

Current grade/Placement: _____ Regular Education student? Y N

Special Ed. Program? Y N Related services: _____

Does the student wear hearing aid(s)/cochlear implant(s)/bone anchored aid(s)? Y N

Please specify what is used: _____

Can this child press a button when a sound is heard and sit unassisted on a chair? Y N
(If NO, this gives us permission to supply 2 testers for the appointment)

Does the student require wheelchair assistance? Y N

REASON FOR REFERRAL: _____

FORWARD TO SERTOMA AFTER ALL REQUIRED SIGNATURES OBTAINED

Referred by: _____ Title: _____ Phone: _____

Address: _____ City, Zip _____

District representative: _____ Date: _____

Parent/guardian: _____ Date: _____

Can obtain phone consent (optional) _____

Cooperative Representative: _____ Date: _____

Sertoma will forward copies of audiological report(s) to:

- District and/or Co-operative Representative
- Referring Party
- Parents/Guardians

Sertoma Use Only:

Appointment Scheduled:

- ✓ If upon reviewing child information, the above checked appointment is not necessary, the audiologist will modify and schedule the child as appropriate. *Sertoma will notify the district of any scheduling modifications.*
- ✓ If the child fails a hearing screening, Sertoma will automatically conduct or schedule a full diagnostic hearing assessment.
- ✓ If the child utilizes amplification, Sertoma will automatically perform a hearing aid check (an additional ½ hour) in conjunction with a hearing evaluation.
- ✓ This referral is good for one year from the date of signature. Should a student move out out district, the district is responsible to notify Sertoma to cancel this referral.

I understand the above will be conducted unless the following box is checked and signed _____
District Representative