

Date Received
by Audio Dept.



Beaver Valley Intermediate Unit #27 Student Audiological Testing Referrals

Student Name		Grade	Teacher				Mr./Mrs./Ms.(circle one)
Parental Permission received? Yes No <i>Please circle one</i>		Comments/Notes:					
Attach copies of permissions to this form to submit.							
<input type="radio"/> Ongoing/Known Loss <input type="radio"/> New Referral/Failed Screening							
THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
Right Ear							
Left Ear							
Student Name		Grade	Teacher				Mr./Mrs./Ms.(circle one)
Parental Permission received? Yes No <i>Please circle one</i>		Comments/Notes:					
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THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
Right Ear							
Left Ear							
Student Name		Grade	Teacher				Mr./Mrs./Ms.(circle one)
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THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
Right Ear							
Left Ear							
Student Name		Grade	Teacher				Mr./Mrs./Ms.(circle one)
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THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
Right Ear							
Left Ear							

Please complete and scan and email along with copies of permission slips to amy.hartle@bviu.org