Beaver Valley Intermediate Unit

Audiology Department

Date Referral Received From School District: _____

Date Referral emailed/mailed to Educational Audiologist _____

REFERRAL FOR AUDITORY PROCESSING SCREENING PROTOCOLS

Person Making Referral/Position_____ Email Address_____

Service(s) Requested:

☐ **Auditory Processing Screening Assessments Protocol**
☐ **Other (please specify): _____**

IMPORTANT! PLEASE ATTACH ALL CLINICAL HEARING TEST RESULTS FOR REVIEW
(A recommendation cannot be made without a recent clinical audiogram and report provided by parent OR notice of passed hearing screenings from the school nurse with dates)

PLEASE DO NOT SEND A PERMISSION TO EVALUATE FORM UNTIL CONTACTED BY THE HEARING OFFICE (UNLESS OTHERWISE ALREADY DISCUSSED)

Student Last Name:	**Student First Name:**	**DOB:**
Grade:	**District & School:**	**School Phone No:**
Parent/Guardian:		
Street Address: **City/State/Zip:**	**Cell #:**	**Email:**
Teacher Name and Email:	**Home #:**	**Work #:**
District LEA:	**Phone #:**	**Email:**

DOES THE STUDENT CURRENTLY HAVE AN IEP OR 504 PLAN? (please check one)
Yes_____(if yes, please provide a copy of the most current plan) No_____

IS THE STUDENT NEW TO THE DISTRICT? (please check one)
Yes_____ (◯out of state ◯out of county ◯Beaver County School _____) No_____

Place a "√" next to the services which the student currently receives.
Place an "X" next to the services for which the student is currently being evaluated.

(11)_____Academic Gifted Support
(01)_____Academic Learning Support
(02)_____Life Skills Support
(04)_____Emotional Support
(06)_____Deaf or Hard of Hearing Support
(10)_____Blind or Visually Impaired Sensory Support
(07)_____Speech & Language Support
(08)_____Physical Support
(26)_____Autistic Support
(03)_____Multi-handicapped Support

Additional Comments: _____

_____

DISTRICT LIAISON/SUPERVISOR SIGNATURE _____Date:_____

The LEA's signature authorizes the BVIU to conduct the evaluation(s). If this form is emailed by the LEA/designee, the email will be considered as authorization to proceed.

This form should be emailed as an attachment along with required reports/plans as requested above to amy.hartle@bviu.org. If you have any questions, please feel free to call Dr. Hartle at (724) 728-3730, ext. 152.