



Beaver Valley Intermediate Unit #27  
Student Audiological Testing Referrals

<b>Student Name</b>		Grade	Teacher				
Parental Permission Received? Yes No		Gender: Male Female		Comments/Notes:			
Attach copies of permissions to this form to submit.							
Ongoing/Known Loss New Referral/Failed Screening							
THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
<b>Student Name</b>		Grade	Teacher				
Parental Permission Received? Yes No		Gender: Male Female		Comments/Notes:			
Attach copies of permissions to this form to submit.							
Ongoing/Known Loss New Referral/Failed Screening							
THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	
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Parental Permission Received? Yes No		Gender: Male Female		Comments/Notes:			
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THRESHOLD SCREENING RESULTS	250	500	1000	2000	4000	8000	

Please complete and scan and email along with copies of permission slips to [amy.hartle@bviu.org](mailto:amy.hartle@bviu.org)