

**Audiology Evaluation Referral Form**

Student Date of School

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name:

Parent/Guardian Contact Information

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:

Parent/Guardian Email:

Parent/Guardian Address:

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ School Year:

Teacher Contact:

Please select one of the following:

Audiology Evaluation for a Child with a Hearing Loss - For districts with a district Teacher of the Deaf (TOD)

or without a district TOD

Central Auditory Processing Evaluation

Comprehensive Educational Audiology Evaluation (CEAT) - For districts within Oswego County using

CiTiBOCES TOD/HH Services

Audiology Consultation Only - Number of Audiology Consultations Requested: \_\_\_\_\_\_\_\_\_\_

**Please attach**:

\* Current (within 12-24 months) Speech-Language Evaluation Report (to include receptive and expressive language)

\* Current (within 12-24 months) Psychological and Psycho-Educational (either or both)

\* Any previously completed Audiology or Hearing Evaluations

\* Any additional pertinent school based or outside evaluations

\_\_\_ Speech Language Evaluation is in process (district will communicate with Audiologist on results)

\_\_\_ Psychological Evaluation is in process (district will communicate with Audiologist on results)

For Non-CiTi Students: Make a copy and submit the original to your CSE Chairperson for review and signature.

For Students placed in a CiTi program: Make a copy and submit the original to your CiTi supervisor for their review and signature.

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Name of Team Contact Person/Position Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSE Chairperson Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CiTi Supervisor (if CiTi student) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

If you have any questions or require additional information about the referral process, please do not hesitate to contact Audiology Team Leader: Dr. Amy Bradbury, Au.D. CCC-A Email: [abradbury@citiboces.org](mailto:abradbury@citiboces.org) Cell: 315-396-4622