Building a promising future for students

NSSEO

Northwest Suburban Special Education Organization

Deaf/Hard of Hearing Program

DEAF/HARD OF HEARING PROGRAM REFERRAL FORM

Parent was notified of NSSEO Deaf/Hard of Hearing Program referral and had their rights and responsibilities explained and given in writing on:

_____ by: _____. (This information is **REQUIRED**)

Date Name of School Personnel

I. STUDENT INFORMATION

CHILD'S NAME _____

ADDRESS _____

CITY/ZIP _____

BIRTHDATE _____

DISTRICT OF RESIDENCE _____

GENDER **MALE** ☐ **FEMALE** ☐

PARENT(S) NAME(S) _____

PHONE NUMBERS:

HOME _____

MOTHER CELL _____

FATHER CELL _____

II. SCHOOL INFORMATION

SCHOOL _____

TEACHER/GRADE _____

TYPE OF PLACEMENT _____

PRIMARY LANGUAGE _____

BILINGUAL/ESL/ELL **YES** ☐ **NO** ☐

INTERPRETER NEEDED **YES** ☐ **NO** ☐

If YES, please check: **Parent** ☐ **Student** ☐

LANGUAGE: _____

SPECIAL ED/RELATED SERVICES STUDENT IS RECEIVING:

OCCUPATIONAL THERAPY ☐

PHYSICAL THERAPY ☐

SPEECH/LANGUAGE ☐

LEARNING DISABILITY ☐

SOCIAL WORK ☐

VISION ☐

ASSISTIVE TECH. ☐

OTHER: _____

III. REFERRAL SOURCE

NAME _____

TITLE _____

SCHOOL _____

MAILING ADDRESS _____

_____

EMAIL ADDRESS _____

TELEPHONE _____

IV. REASON FOR REFERRAL: Why are you referring this child to us? What information/assistance would you like us to provide?

_____

_____

V. OTHER THAN HEARING LOSS, ADDITIONAL CONDITIONS (if any)

_____

VI. SERVICES BEING REQUESTED: (Please see descriptions on back if you are unsure of which service you wish to request.)

☐ **AUDIOLOGIC EVALUATION**

☐ **ALD SUPPORT**

☐ **APD CONSULTATION**

☐ **OTHER (please describe)** _____

☐ **CASE STUDY***

☐ **REVIEW OF RECORDS**

☐ **PLACEMENT**

** A CURRENT VISION SCREENING MUST BE INCLUDED WITH ALL CASE STUDY REFERRALS BEFORE TESTING CAN BEGIN.*

VII. SIGNATURES

REFERRAL SOURCE: _____ _____ **(date)**

LEA REPRESENTATIVE: _____ _____ **(date)**

REFERRAL DESCRIPTIONS

AUDIOLOGIC EVALUATION:

Requested when a child cannot be tested **OR** a sensorineural hearing loss is identified **OR** a hearing aid is worn or recommended **OR** it is recommended following an Audiologic Review **OR** prior arrangements have been made with a Deaf/Hard of Hearing Program staff member.

ALD SUPPORT:

Requested when there is a need for an evaluation to determine whether an Assistive Listening Device would be appropriate for the child **OR** when the child presently uses an ALD and in-service or other support is needed.

APD CONSULTATION:

Requested when the school team wishes to have a student evaluated for auditory processing disorder or wants the NSSEO audiologist to provide support for a child with a known APD. When requestiong an actual evaluation, this referral **MUST** be submitted with a completed APD packet. These packets are available through the Deaf/Hard of Hearing Program office.

CASE STUDY:

Requested when eligibility for special education programming and/or related services needs to be determined, or a reevaluation is needed. This evaluation may include the following domains as determined by the IEP team: hearing status, social/emotional status, general intelligence, academic performance, functional performance and/or communication status.

REVIEW OF RECORDS:

Requested to determine a course of action in relation to additional testing for a child or the need for the child's educational team to confer as a group. A diagnostic team will examine all pertinent evaluations, reports, IEP's and records. Recommendations will then be shared with the local district and the child's parents.

PLACEMENT:

Requested when a child has a current IEP that identifies eligibility for Hearing Impaired Services. The educational program and/or services will then be determined for the child and the child will be placed in an appropriate program.