## **REQUEST FOR AUDIOLOGY SERVICES**

	dent Name			
Request is for Academic School Year			(school year)	
Rec	uest is for ESY	(year)		
	Auditory Processing Evaluation guidelines be considered: Be 7 years of age or older Normal hearing in both ears English as primary language Average language abilities Intelligible speech Cognitive abilities that fall in t Able to sit and focus for exter	he low average or ab	with evaluation, ASHA and AAA recommends the following	
		ider requesting 2 hou	urs of consult for observation and chart review to consider the	
	<ul> <li>Speech-Language Evaluation Research</li> <li>Psychological (indicating cognitive</li> <li>Hearing Screening (indicating hearing)</li> <li>Any pertinent outside evaluations</li> </ul>	essing: eport (to include recept we ability) and Academi earing within normal lim s	ic Achievement levels	
	<ul> <li>Audiological Evaluation</li> <li>Number of Evaluations per year</li> <li>Please attach previous audiologi</li> </ul>	cal report(s), if available		
	<ul> <li>Hearing Assistance Technol</li> <li>(Includes a 4 week trial of HAT/S</li> <li>Please attach previous audiologic</li> <li>Please attach IEP / 504, if applic</li> </ul>	SF in school) ical report(s), if availabl	•	
	Hearing Assistance Techno	ology HAT/Sound	field PURCHASE	
	<ul> <li>Hearing Assistance Technol</li> <li>Please attach previous audiological</li> <li>Audiological Evaluation is included a</li> <li>Any Audiological Evaluation beyond</li> </ul>	report(s), if this is a new ras part of service.		
	Soundfield Management Cor	ıtract		
	BOCES Purchased S	Soundfield	District Owned Soundfield	
	Number of Hours     Attach previous audiological report Reason for referral:	Please che	eck if due to Auditory Processing concerns (as outlined above) t educational information	