

# Hearing Referral Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Dear Parent/Guardian:

After reviewing your child's hearing screening results/observational comments, there is an indication your child may have difficulty hearing. We urge you to take him/her to an appropriately licensed professional for further evaluation.

When your child is examined, please ask the professional to complete this form. Please return it to the school as soon as possible.

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

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## Licensed Professional Evaluation

This child has been referred to you for further evaluation and/or treatment. Attached are the hearing screening results and/or observational comments which indicate the child may have a hearing impairment that could affect his/her educational advancement. Please complete the following:

Date Examined: \_\_\_\_\_

**Results (please check all that apply):**

**Specify:**

- Conductive hearing loss : \_\_\_\_\_
- Sensorineural hearing loss: \_\_\_\_\_
- Mixed hearing loss: \_\_\_\_\_
- Central auditory problem(s): \_\_\_\_\_
- No discernable problem

**Recommendation(s):**

- Refer for medical treatment: \_\_\_\_\_
- Medical treatment prescribed: \_\_\_\_\_
- Hearing aid evaluation and possible fitting
- Classroom observation for educational implications
- Placement in aural rehabilitation classroom

Comments: \_\_\_\_\_  
\_\_\_\_\_

I felt this referral was:      valid            invalid

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Return completed referral to the child's school**