

New Referral

Re-evaluation

**EASTERSEALS DUPAGE & FOX VALLEY REGION (ESDFVR)
REFERRAL/AUTHORIZATION FOR AUDIOLOGICAL SERVICES
FOR CASE STUDENTS**

830 S. Addison Ave, Villa Park, IL 60181

SERVICES REQUESTED (check all that apply):

Hearing Evaluation

Hearing Aid Check

Other:

STUDENT: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME/ATTENDING SCHOOL DISTRICT: _____ SCHOOL: _____ GRADE: _____

DISTRICT: _____ SCHOOL: _____ GRADE: _____

HEARING ITINERANT TEACHER: _____ HOME LANGUAGE: _____

SPECIAL EDUCATION SERVICES
RECEIVED AT SCHOOL:

DATE OF CURRENT IEP: _____ DUE DATE OF AUDIOLOGICAL EVALUATION: _____

What information would you like to receive as a result of the audiological evaluation?

In your opinion, what challenges to the evaluation might be encountered in the audiology test booth and what types of modifications might be beneficial?

Does this student use hearing aids and/or any other hearing technology/adaptations (i.e. FM system) in the classroom? If yes, is it used consistently?

PLEASE INCLUDE PRIOR AUDIOLOGICAL TEST RESULTS WITH REFERRAL

TEACHER REPORT:

Please describe any concerns regarding this student's ability to hear in the classroom:

Do you feel this student's ability to hear is impacting academic performance and, if so, how?

Is there a medical condition that may affect hearing?

Where is this student seated in the classroom?

Does this student have difficulty:

- | | | |
|--|------------------------------|-----------------------------|
| Listening in the presence of noise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Following verbal directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discriminating similar sounding words? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Starting a task without watching peers or asking for help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Responding to spoken language without visual cues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does this student become easily frustrated? Yes No

Is this student's attention span shorter than peers? Yes No

Is this student more distractible than peers? Yes No

CASE agrees to pay for these services based on IEP recommendations. We understand that the audiological testing may require more than one appointment.

Referred by: _____

Date: _____

All correspondence, including written report, to:

Debbie Gittelman, M.S., CCC-A
Educational Audiologist
c/o CASE Itinerant Services
1104 N. Main St.
Lombard, IL 60148
dgittelman@casedupage.com
630-740-4826 (cell)
630-629-2601 (FAX)

Title: _____

Email: _____

Billing To: CASE

22W600 Butterfield Rd.
Glen Ellyn, IL 60137
(630) 942-5600

Referrals To:

Michele Tabachka, Audiology Admissions and
Scheduling Coordinator
mtabachka@eastersealsdfvr.org
(630) 282-2023