

CHILD/STUDENT INFORMATION:

## **AUDIOLOGY REFERRAL FORM**

2075 Lookout Dr North Mankato, MN 56003 507-389-1425

www.mnscsc.org

Audiology evaluations are provided throughout the school year as a free service to students by local school districts at the South Central Service Cooperative or at the Southern Plains Education Cooperative. Please submit this form along with any results by email (preferred) to audiology@mnscsc.org or by fax at 507-389-1772.

Name:	Date of birth:	Age:
School:	District:	Grade:
Parent/guardian:		Phone:
Address:	Email:	
		:
REASON FOR REFERRAL:		
REFER result on second hear	ring screening (if you check this box, please sh	nare results)
Could not complete otoacou a seal)	ustic emissions (OAE) screening (would not to	lerate probe in ear or could not maintain
Child/student is being assess hearing	sed for early intervention or special education	n services and concerns exist regarding
	s the criteria for special education services un FSP/IEP. Please provide an update regarding o	_
	ive special education services at the present s ssment of current hearing levels and possible	
	te that the child/student is exhibiting a conting r special education services. It is therefore re	
Other, please explain:		
Comments:		
REFERRAL SOURCE:		
Name:	Date of referral:	Fax:
Title/position:	Email:	
Phone:	District:	

The South Central Service Cooperative will contact the parent/guardian to schedule the audiology evaluation. If you have questions about scheduling please contact Tana Fladland at **507-389-1425** or **audiology@mnscsc.org**. If you have questions regarding the audiology evaluation please contact the educational audiologist, Molly Lynett, Au.D., CCC-A, at **mlynett@mnscsc.org**.