



REQUEST FOR AUDIOLOGICAL ASSESSMENT

Educationally relevant audiological assessments are available on site at the South Central Service Cooperative (North Mankato) or Southern Plains Special Education Cooperative (Fairmont). Please provide the following background information for the regional audiologist, Karen Johnson, Au.D. Include your contact information and Dr. Johnson will share a copy of the results with you.

Date _____
From _____
Title/Position _____ Telephone _____
Address _____ Fax# _____

Email _____

Please indicate how the appointment should be scheduled:

Parent will contact Rhonda Jensen at **507-389-1425** at SCSC to schedule appointment for testing _____

I would like the SCSC staff to contact parent to schedule appointment for testing _____

Child/Student _____ DOB _____ Grade _____

School _____ City _____

Parent _____ Telephone _____

Parent email address _____

Address _____

REASON FOR REFERRAL

2nd OAE Screening Referral _____ or cannot test 1st OAE Screening _____

Child/Student is being assessed for Early Intervention/Special Education services. Concerns exists regarding hearing disabilities. _____

Child/Student has an active IEP and exhibits known hearing loss. Please provide an update regarding current hearing levels, status of personal hearing aids, status of FM equipment, etc. _____

Child/Student does not receive, nor is being considered for Special Education services at the present time. The child does, however, exhibit a long-standing hearing loss. An assessment of current hearing levels and possible intervention needs is requested. _____

School health records indicate that the child/student is exhibiting a continued pattern of hearing loss that may be meeting the MN State Department of Education's audiometric criteria. It is therefore requested that an audiological assessment be conducted. _____

CONCERNS

Hearing screening failure _____ History of chronic middle ear pathology _____

Speech delays _____ Language delays _____ Developmental delays _____

Academic delays _____ Other _____

Fax or email this request and any available hearing screening results to Rhonda at: 507-389-1772 or email to: rjensen@mncsc.org