

REQUEST FOR HEARING SCREENING

FAX TO AUDIOLOGY AT 604-659-1109

Sections A and B **must be fully completed** before forwarding to Audiology Centre
Please ensure that referral forms are faxed as soon as possible

A) Student's Name _____ Also known as: _____
Date of Birth (dd/mm/yyyy): ____/____/____ Date of Referral: _____
School: _____ Grade: ____ Div: ____ Home rm: _____
Person Referring: _____ Phone: _____
Relationship to student (e.g. parent/teacher/counsellor): _____

Students with hearing loss often exhibit one or more of these symptoms.

Please check off those that apply to the student you are referring.

- Delayed speech and language development
- Frequently does not respond appropriately to verbal questions or instructions
- Frequently asks to have statements repeated
- History of ear problems such as frequent ear infections
- Frequent colds or upper respiratory congestion
- Appears to rely heavily on lip reading; performs better when talking face to face
- Withdraws from social activities
- Frequently turns head to one side to hear
- Inattentiveness or behaviour problems
- Is having learning difficulties at school, especially with language arts (reading and writing)

B) PARENT/GUARDIAN CONSENT (MUST BE OBTAINED FOR GRADES 1 - 8):

Please screen my child's hearing **AND** share screening results with the school (*please contact our office if you **do not wish to share results** with school - 604-659-1100).

Parent/Guardian Signature

Date

C) TO BE COMPLETED BY SCREENING TECHNICIAN:

Results of Hearing Screening (For confidential student file):

Date tested: _____

- Hearing within normal range today. No further testing required.
- Referral package sent to parent/guardian with full instructions for further assessment.

A referral does not necessarily mean that a student has a hearing loss. It means that the student requires further assessment to determine hearing status.