



Itinerant Hearing Support Services Referral

Date of Referral:

District:	School:
District Contact: (Name, Phone and Email)	
Student Name:	Grade:
Current Classroom Teacher Input: Be specific. What is happening that is affecting the educational well-being of the student?	

Please check the appropriate box of the REQUESTED SERVICE. **Attach documents to the referral.** (I.e. **current audiogram**, tympanogram, ENT report, current grades, teacher input, etc.)

<i>Service</i>	<i>Purpose</i>	<i>Service Summary</i>	<i>Required IDEA Documentation</i>	<i>**Impact on Instruction</i>
<input type="checkbox"/> <i>Functional Hearing Evaluation</i>	To determine the educational impact of a student's hearing loss, provide recommendations to the student's instruction team (accommodations, modifications, IEP, 504 plan, etc.	Formal listening, language, and vocabulary assessments are administered	A functional hearing evaluation is AFTER a hearing loss is identified by outside medical evaluation.	If the child qualifies: Service delivery models include consultative, direct itinerant individual, small group, pull out, and/or push-in
<input type="checkbox"/> <i>IEP or 504 Support</i>	To refer students who may have moved into the district with already identified Hearing Support Services	Direct instruction or consultation by a certified teacher of the deaf and hard of hearing.	Current IEP or 504	

Please send all documents to Suzanne McCabe, Special Education Supervisor
smccabe@liu18.org, or fax 570-287-5721