

**SOUTH EAST SELPA
CHECKLIST FOR
A REFERRAL TO THE PROGRAM
FOR STUDENTS WITH HEARING IMPAIRMENTS**

To refer a student for evaluation for DHOH services, please follow these steps:

- Complete the "Referral for Deaf and Hard of Hearing Services" form.
- Print the "Authorization for Exchange of Student Health and Educational Information" form.
- Have the student's parents complete and sign that form with the following information:
 - Audiologist's name, address, and telephone number
 - Authorization for the audiologist to release information to:
 - Deaf and Hard of Hearing Teacher
 - South East SELPA Program
 - 3434 Marten Avenue, San Jose, CA 95148
 - Fax: 408-532-9311
- Attach any available medical reports.
- Attach the audiologist report, completed within the past year.
- Attach any available IEPs

Send all information to:

Michele Villarreal
Program Administrator
South East SELPA
3434 Marten Avenue
San Jose, CA 95148 or
Email the referral to mvillarreal@mpesd.org

After reviewing the information, the DHOH Teacher will contact the referring party. The DHOH Teacher will verify the student has a hearing impairment. To be eligible for special education a pupil must have a hearing impairment that adversely affects his or her educational performance

**South East SELPA
Program for Students with Hearing Impairments
REFERRAL FOR DEAF AND HARD OF HEARING (DHOH) SERVICES**

Student's Name: _____
Date of Birth: _____ **Age:** _____ **Grade:** _____
Address: _____
Parent/Guardian: _____
Phone Numbers: _____
Email: _____
Parent/Guardian: _____
Phone Numbers: _____
Email: _____

Teacher: _____
Teacher's email: _____
District: _____
School: _____
Address: _____
Telephone: _____
Fax: _____

Does the Student Wear hearing aids or any other assistive listening devices? _____
Student's Audiologist: _____
Address: _____
Telephone: _____
Fax: _____

- Please describe:**
- 1. The reason for referral, including specific observations:**
 - 2. Student's educational performance:**
 - 3. Student's classroom behavior:**
 - 4. Student's strengths:**

Referring Party
Name: _____ **Title:** _____ **Email:** _____

Signature: _____ **Date:** _____

Director/Program Specialist: Name: _____ **Title:** _____

Signature: _____ **Date:** _____