monroe one
EDUCATIONAL SERVICES

Audiology Services

Student Name: _____ **Date of Request:** _____

Please choose all appropriate services, fill in necessary information and include requested documentation.

To assist Monroe One in fulfilling your request, please indicate the reason for referral and any additional information that will help us provide services: _____

_____

☐ **Auditory Processing Evaluation:** (By sending the request, Monroe One assumes consent has been received)

To proceed with the evaluation, ASHA and AAA recommend the following guidelines be considered:

- 7 years of age or older
- normal hearing in both ears
- English as primary language
- average language abilities
- intelligible speech
- cognitive abilities that fall in the low average or above average range
- ability to sit and focus for extended periods of time

If these criteria are not met, please consider requesting 2 hours of Audiological Consultation for observation and chart review to consider the possibility of a HAT system trial.

☐ **Audiological Evaluation**

☐ **Audiological Consultation** with Frequency (number of hours per year): _____
Is this due to auditory processing concerns as outlined above? ◯ Yes ◯ No

☐ **Hearing Assistance Technology (HAT)/Soundfield System Trial** which includes a 4-week trial of HAT/SF in school

☐ **Hearing Assistance Technology (HAT)/Soundfield Purchase**

☐ **Hearing Assistance Technology (HAT) Management**
(Progress monitoring is included as part of the service)

☐ **Soundfield Management**
(Progress monitoring is included as part of the service)

☐ **Soundfield Management Contract (Choose one)**

Documentation Requested (if available):

For All Services

- IEP/504 (if applicable)
- Audiological Evaluation
- Cross Contract (if a non-component district)

In Addition, for Auditory Processing Evaluation and Audiological Consultation (no more than 1 year old)

- Current Psychological Evaluation
- Speech/Language Evaluation
- Hearing Screening
- OT/PT Evaluation
- Pertinent Reports from other domains

Send cover sheet, request forms and requested documentation to Itinerant@boces.monroe.edu