

Otsego Northern Catskills BOCES
Itinerant and Related Services



Kimberlea E. Curran, Supervisor
Otsego Area Occupational Center
1914 Cty Rte 35 Milford, NY 13807
607-286-7715 ext 2608/2701
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HEARING IMPAIRED EVALUATION REFERRAL FORM

Student Information

Date: _____

Student Name: _____

Gender: _____

DOB: _____

Grade: _____

Parents: _____

Address: _____

Phone: (home) _____ Phone: (work) _____

School District: _____

School Attending: _____

Principal: _____

Teacher: _____

Referred By: _____

Reason for Referral: _____

HEARING IMPAIRED EVALUATION REFERRAL FORM

Medical Information

Student Name: _____

Hearing Loss:

1) Onset: _____

2) Type: _____

3) Degree: _____

4) Affects: _____

5) Date of last audiogram: _____

6) Does the student have a history of ear infections? If yes, has the student had tubes?

When? _____

7) Does anyone else in the family have a hearing loss? If yes, whom?

Assistive Technology:

1) Does the student wear hearing aids at the present time?

2) Does the student have a cochlear implant?

3) Does the student use an FM or assistive listening device at the present time?

4) If yes to any of the above, when did the student get them?

Communication System/Style:

1) Is the student oral, does s/he sign, use ASL, use a combined system? Please explain.

Additional information or comments:

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HEARING IMPAIRED SERVICES PARENT CONSENT FORM

Student Name: _____

Please place an **X** in the appropriate box.

Yes,
I give you permission to do an Hearing Impaired evaluation of my
child and to speak to his/her teachers.

No,
I do not give you permission to do an Hearing Impaired
evaluation of my child.

Please sign and date. Thank you.

Signature: _____

Date: _____