SOLANO COUNTY SPECIAL EDUCATION LOCAL PLAN AREA

Golden Hills Education Center
Special Education Administration
2460 Clay Bank Road
Fairfield, CA 94533

FOR APPOINTMENTS PLEASE:
CALL: 707-399-4865
FAX: 707-428-7221
EMAIL: Audiology@solanocoe.net

REFERRAL FORM FOR HEARING EVALUATION

Today's Date:

Child's Name _____ **Grade** **SSID#** _____

Birthdate _____ **Gender** _____

School _____ **District** _____

Parent/Guardian Name _____

Mailing Address _____

Phone # _____

Email Address _____

Referred By _____

Title (SLP, parent, teacher, etc) _____

Phone # _____ **Email:** _____

Student's Primary Disability _____

Reason for Referral _____

Comments and Concerns _____

_____

_____

Current Special Education placement/services (please list all) _____

_____

Please check all relevant boxes and, if applicable, explain:

☐ **Does the child wear hearing aids?** _____

☐ **Family history of hearing loss**

☐ **History of ventilating tubes or ear surgery** ☐ **tubes currently in**

☐ **Delayed speech/language**

☐ **Academic problems**

☐ **Failed hearing screening (when?)** _____

☐ **Other (comments?)** _____

_____

_____

_____ _____

Signature of person referring student Person receiving referral Date

Print Name of Person Referring student; _____

Rev: 10/21 JSublett_lm