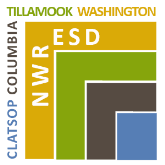
**Northwest Regional ESD**

*Audiology Department*

5825 NE Ray Circle Hillsboro, OR 97124

Phone: 503-614-1406 Fax: 503-614-1285

|  |  |
| --- | --- |
| **Referral Date:** |  |

[www.nwresd.k12.or.us](http://www.nwresd.k12.or.us/)

**See Directions Page 2**

**Early Intervention/Early Childhood Education Hearing Evaluation Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child Name: |  | | Date of Birth: | |  |
| Parent(s) Name: |  | | | | |
| Parent(s) Address: |  | | | | |
| Parent(s) Phone Number: |  | Parent(s) Alternate Phone Number: | |  | |
| Service Coordinator: |  | Service Coordinator Phone Number: | |  | |
| Service Coordinator Email: |  | | | | |

Reason for hearing evaluation request:

***EI/ECSE Service Coordinators:*** *Please attach evidence of two failed hearing screenings and other supporting documents.*

Other Pertinent Information:

***Send this request to your supervisor for approval.***

Coordinator Signature Date

Director Signature Date

**Please note:** *Audiograms will be emailed to the service coordinator identified on this form. Questions about the hearing evaluation can be addressed to Bret Wonderlick at* [**bretw@nwresd.k12.or.us**](mailto:bretw@nwresd.k12.or.us) *or 503-614-1265.*

**Clatsop Service Center**

3194 Marine Dr.

Astoria, OR 97103

Phone: 503-325-2862

Fax: 503-325-1297

**Columbia Service Center**

800 Port Ave.

St. Helens, OR 97051 Phone: 503-366-4100

Fax: 503-397-0796

**Tillamook Service Center**

2515 3rd St.

Tillamook, OR 97141

Phone: 503-842-8423

Fax: 503-842-6272

**Washington Service Center** 5825 NE Ray Circle Hillsboro, OR 97124

Phone: 503-614-1428

Fax: 503-614-1440

**Hearing Evaluation Request Process: August 2017**

Double click form below to activate, when done click anywhere outside of the form

**When to request a hearing evaluation with an audiologist:**

* When the child has failed two hearing screenings either completed by EI/ECSE or other providers.
  + When a child has failed the first hearing screening, it should be suggested to the family that they consult their child’s physician.
  + When the child was reluctant to participate in the initial hearing screening, efforts should be taken to condition the child to participate in the second hearing screening (see a SLP for conditioning suggestions).
* The child has a condition that puts him/her at high risk for a hearing impairment and no conclusive hearing evaluations are available.

**Steps to making a request for a hearing evaluation:**

1. EI/ECSE service coordinator **completes Evaluation Request form** and **sends it to a supervisor**. Include a **clear explanation of why the request is being made** and attach **evidence of the failed screenings or pervious audiological testing, if available**. The request form can be signed electronically by following the prompts.

2. The supervisor will review the form, complete a form 30a, and route it to an administrative assistant and director for signatures and tracking purposes.

3. Regional program will contact the family to schedule the evaluation appointment and log all contacts with the family in ecWeb.

4. Regional audiologist will conduct the evaluation and **email the service coordinator when the** **evaluation is complete**. **Results of the evaluation will be entered into the contact log of** **ecWeb**. If the service coordinator is unsure if the loss would qualify for hearing impairment eligibility, a SLP or hearing specialist should be consulted.

5. If results of a hearing evaluation indicate a qualifying hearing loss, the service coordinator should:

* Submit a **referral to the Regional DHH program**.
* Obtain a **release of information** for the child’s physician and **obtain a Medical or Health Assessment form.**
* Complete a **file review** to determine the need for **additional assessments** needed to determine the impact of the hearing impairment.
  + If **additional assessments are needed**, the service coordinator should hold an evaluation planning meeting to obtain parental consent for additional testing. The consent should also include the audiological evaluation and all other evidence identified in the file review that will be used to consider HI eligibility.
  + If **additional assessments are not needed**, a consent for evaluation using a file review process (include the audiological evaluation and other evidence from the child’s file) should be obtained.
* **Schedule an eligibility/IFSP meeting** to consider HI eligibility and add HI services to the IFSP once all needed information has been collected.

Note: The HI specialist should be invited to the IFSP meeting to help in determining HI eligibility. However, if the team is confident in reading audiological results, HI eligibility can be done without the HI specialist being present.