



Area Special Education Cooperative

1505 Central Ave NW, East Grand Forks, MN 56721
218-773-0315 FAX: 218-773-0924

AUDIOLOGICAL REFERRAL FORM

Date _____ Parents' Name _____
 Student _____ Parents' Phone #s _____
 Birthdate _____
 School _____ Parents' Address _____
 Case Manager _____

Referral Information

Hearing: Date screened _____

Is this a new referral? Yes No

Does the child have a documented hearing loss? Yes No

Hearing: Date tested _____

Classroom Performance Information

What information do you want from the audiologist?

Audiological Tympanometry SRT Clinical Impression

Consulting Audiologists (suggested): Please check preference

Dr. Kevin Fire
 Fire Audiological Services
 121 North Washington St.
 Grand Forks, ND 58203
 Phone (701) 787-5862
 Fax (701) 738-2371

Other: _____

Scheduled Appointment Date: _____

_____ Approved _____ Disapproved	_____ Director's Signature	_____ Date
<p>After approval, ASEC will send a copy of this form back to the person making the request and to the audiologist. Fees will be paid upon receipt of a written report from the audiologist. Bill to: ASEC, 1505 Central Avenue NW, East Grand Forks, MN 56721.</p>		