



# 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 \_\_\_\_\_

Case Manager \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

### **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  
1732 S. Washington St. #84  
Grand Forks, ND 58201  
Phone (701) 787-5862  
Fax (701) 738-2371

Other:  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scheduled Appointment Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

After ASEC approval, a copy of this form will be sent back to the person making the request. Send the audiologist a copy of this form. 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.