## Appendix AE: Sample Referring Agency Reporting Form

*Click to Enter Name of School*

*Click to Enter School’s Address*

*Click to Select a Date*

Dear *Click to Enter Name of Agency to Whom Child Was Referred*:

Recently, *Click to Enter Child’s Name* participated in a school screening program and the results of the screen and rescreen indicated that he/she needed further evaluation for a possible hearing loss and/or outer/middle ear disorder. It was therefore recommended that the student be seen by you for further evaluation.

We would appreciate your cooperation in completing the form below so that, if necessary, the appropriate accommodations and modifications may be made in order for *Click to Enter Child’s Name* to succeed in school. Please complete the form and return to the address at the top of this letter. If you have further questions or comments, please contact me at *Click to Enter Phone Number*.

Sincerely,

(Cut along dotted line and mail to the school address above)

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STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF EVALUATION PERFORMED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON WHO COMPLETED EVALUATION and DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESULTS OF FULL HEARING EVALUATION:

How could the child's condition, as noted during the examination, interfere with educational testing and performance?

How might the hearing loss impact educational, social/behavioral, and/or vocational performance?

What are the recommendations for accommodations, modifications, and educational programming?

What are the communication needs and abilities of the child?

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_