



Chester County Intermediate Unit

CAROLYN MULLER, SUPERVISOR 484-237-5107

Forward referral and related material to Jenny DeVitis, at JennyD@cciu.org or CCIU, 455 Boot Road, Downingtown, PA 19335

HEARING SUPPORT SERVICES REFERRAL

Student:	Referred By:
Birth Date:	Grade:
District:	School:
District Contact:	Phone: Email:
Parent Contact:	Phone: Email:

Check Box of REQUESTED SERVICE and ATTACH Documents to Referral

SERVICE	PURPOSE	SERVICE SUMMARY	Required IDEA Documentation
Functional Hearing Evaluation <input type="checkbox"/> Check box if requested	To determine the educational impact of a student's hearing loss, provide recommendations to the students instructional team (IEP, 504, etc.)	Observation of student in current educational setting. Formal listening, language, vocabulary assessments are administered.	PTE/PTE or IEP indicated <i>A functional hearing evaluation is only completed AFTER a hearing loss is identified either by outside medical evaluation/audiogram or IU hearing test.</i>
IEP or 504 Hearing Support <input type="checkbox"/> Check box if requested	To refer students who have moved into the district who have hearing support needs already identified.	Direct instruction or consultation by a certified teacher of the deaf or hard of hearing.	Current IEP or 504

Other: _____

District Special Education Admin. _____

Signature: Date: _____