



EDUCATIONAL SERVICE CENTER  
of Lorain County

# Educational Audiologist Referral

*Serving school districts in Lorain, Erie and Huron County*

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle): M F

Guardian(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

District of Residence: \_\_\_\_\_

District of Attendance (if different): \_\_\_\_\_

Building: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Disability Category: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's E-mail Address: \_\_\_\_\_

Referral made by: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Type of Referral (please circle):
- Hearing Evaluation
  - Student Audiological Consultation
  - Functional Listening Evaluation
  - Hearing Assistive Technology
  - Consultant to ETR/IEP/504 Team

Reason for Request (further details):

---



---



---



---

Please return via email to the Educational Audiologist serving your district.

Crystal L. Henry, Au.D., CCC-A, Educational Audiologist	henry@esclc.org
Taylor Gershom, Au.D., CCC-A, Educational Audiologist	gershom@esclc.org