



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: _____

Guardian(s) Email: _____

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.

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Taylor Gershom, Au.D., CCC-A, Educational Audiologist	gershom@esclc.org