NSSEO
Deaf & Hard of Hearing

Deaf and Hard of Hearing Program
799 W. Kensington Road Mount Prospect, IL 60056
Phone 847-463-8132 Fax 847-463-8121

DEAF/HARD OF HEARING PROGRAM REFERRAL FORM

I. STUDENT INFORMATION

CHILD'S NAME _____
ADDRESS _____
CITY/ZIP _____
BIRTHDATE _____
DISTRICT OF RESIDENCE _____
GENDER _____

PARENT/GUARDIAN 1 NAME _____
CELL PHONE _____
EMAIL _____
PARENT/GUARDIAN 2 NAME _____
CELL PHONE _____
EMAIL _____

PREFERRED CONTACT ☐ **PARENT/GUARDIAN 1** ☐ **PARENT/GUARDIAN 2**

II. SCHOOL INFORMATION

SCHOOL _____
TEACHER/GRADE _____
CURRENTLY IN PLACE ☐ **IEP** ☐ **504** ☐ **NONE**
PRIMARY LANGUAGE _____
BILINGUAL/ESL/ELL **YES** ☐ **NO** ☐
INTERPRETER NEEDED **YES** ☐ **NO** ☐
If YES, please check: **Parent** ☐ **Student** ☐
LANGUAGE: _____

SPECIAL ED/RELATED SERVICES STUDENT IS RECEIVING:

OCCUPATIONAL THERAPY ☐
PHYSICAL THERAPY ☐
SPEECH/LANGUAGE ☐
LEARNING DISABILITY ☐
SOCIAL WORK ☐
VISION ☐
ASSISTIVE TECH. ☐
OTHER: _____

III. REFERRAL SOURCE (Person completing this form)

NAME _____
TITLE _____
SCHOOL _____

MAILING ADDRESS _____
_____
EMAIL ADDRESS _____
TELEPHONE _____

Parents were notified of the referral to NSSEO by (name): _____ **Date** _____

IV. REASON FOR REFERRAL: Why are you referring this child to us? What information/assistance would you like us to provide?

_____

_____

☐ **This referral is related to an open or soon-to-be open (re)evaluation to consider eligibility for Section 504 plan or special education and related services.**

V. OTHER THAN HEARING LOSS, ADDITIONAL CONDITIONS (if any)

_____

VI. SERVICES BEING REQUESTED: (Please see descriptions on next page if you are unsure of which service you wish to request.)

☐ **AUDIOLOGIC EVALUATION**
☐ **ALD SUPPORT**
☐ **CENTRAL AUDITORY PROCESSING**
CONSULTATION/EVALUATION ☐
☐ **PLACEMENT**
☐ **OTHER DIAGNOSTIC EVALUATION(S) –** communication, social/emotional, cognitive, academic evaluations AND/OR collaboration with district team
OTHER (please describe) _____

Please attach relevant records including prior reports, current domain/consent and/or active IEP or 504 plan, when applicable.
Email referral packet to Julie Sander at jsander@nsseo.org or fax to 847-463-8121.

VII. SIGNATURES

REFERRAL SOURCE: _____ _____ **(date)**
AUTHORIZED ADMIN: _____ _____ **(date)**

REFERRAL DESCRIPTIONS

AUDIOLOGIC EVALUATION:

Requested when a child cannot be tested **OR** a sensorineural hearing loss is identified **OR** a hearing aid is worn or recommended **OR** it is recommended following an Audiologic Review **OR** prior arrangements have been made with a Deaf/Hard of Hearing Program staff member.

ALD SUPPORT:

Requested when there is a need for an evaluation to determine whether an Assistive Listening Device would be appropriate for the child **OR** when the child presently uses an ALD and information or troubleshooting is needed.

APD CONSULTATION:

APD consultation is recommended when academic difficulties are noted for a child and an Auditory Processing Disorder is suspected. This referral **MUST** be submitted with a completed APD packet. These packets are available through the Deaf/Hard of Hearing Program office.

OTHER DIAGNOSTIC EVALUATION(S):

An evaluation is recommended for a child to determine eligibility for special education programming and/or related services. This evaluation may also assist with educational planning. This evaluation may include the following domains as determined by the IEP team: social/emotional status, cognitive, academic performance and communication status. This may include collaborative evaluation by members of the school/district team and NSSEO DHH team. For evaluations of hearing status, please see Audiologic Evaluation.

REVIEW OF RECORDS:

A review of records is recommended to determine a course of action in relation to additional testing for a child or the need for the child's educational team to confer as a group. A diagnostic team will examine all pertinent evaluations, reports, IEP's and records. Recommendations will then be shared with the local district and the child's parents.

PLACEMENT:

Placement is recommended if a child has a current IEP that has determined eligibility for Deaf/Hard of Hearing Services. The educational program and/or services will then be determined for the child and the child will be placed in an appropriate program.