LOS ANGELES UNIFIED SCHOOL DISTRICT Division of Special Education Audiologic Resource Unit: REFERRAL FOR ARLI SERVICES

Send completed form to: Audiologic Resource Unit: RE	<u> </u>
Valley: 818 654-3573 Sellery/Doyle: 310 965-7906 □ P FAX: 818 654-3666 310-965-7912	
Maling address:	
	rez CTC Attn: AUDIOLOGY Marlton School Attn: AUDIOLOGY
	Birth date:
Address:	Home phone/cell:
Parent/guardian:	Home Language:
School:	
REASON FOR REFERRAL: ☐ Failed hearing screening (Dar ☐ DHH itinerant assessment; 3 rd Year (Date	
Comments:	
Student is receiving special education services No Y	
PERTINENT HEALTH INFORMATION: (per health office) MEDICAL Chronic ear infections □ PE tubes □ Other □ Under private medical care: Physician Comments: □	
AUDIOLOGIC Did the student pass his/her newborn hearing screening Has the student had a recent AUDIOLOGIC evaluation? **Please forward a copy of evaluation to: AUDIOLOGIC R	□ No □ Yes If yes: Date/Location
AMPLIFICATION STATUS: Does the student have hearing aids?	Left nt using amplification on a consistent basis?
Comments:	
IF student does NOT have an IEP: STUDENT PERFORMANCE SPEECH & LANGUAGE Is a speech/language problem susping the susping of the susping suspi	ected?
Follows oral directions Comments: BEHAVIOR	ul
Comments:	
Referred by:Date:	Received by:Date
Signature	