

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VA 22902-4596
(434) 296-5885

**REFERRAL FOR AUDIOMETRIC OR
AUDITORY PROCESSING EVALUATION**

Student Name: _____
DOB: _____ Date of Referral: _____
Referring Person: _____ Phone: _____
School: _____ Phone: _____
Parent Name: _____ Phone: _____
Parent Address: _____

If possible, please provide information on assessments:

Speech and Language/Auditory Processing:		
Tests Administered	Scores	Dates

If possible, please include copies of SCAN-C/SCAN-A response sheet. They provide the audiologist insight on the types of errors made by the student.

IQ Test(s): _____
Scores: Verbal: _____ Non-Verbal: _____ Full Scale: _____

Present Level of Educational Performance:

Speech and Language Pathologist Date

Please forward to the special education coordinator who serves your building at the Albemarle County Office Building. A copy will be sent to the test site so Albemarle County Schools will be appropriately billed. Bills will not be covered without this information.