

Date: _____

Scan & Email to:
Northeast Regional Deaf and Hard of Hearing
jillhoffart@npsne.org

HEARING REFERRAL

Name of Student Being Referred

Date of Birth

Name of Parents

Home Address

Home Telephone

School Student Attends

School District and Address School

School District Phone #

The above-named student is being referred for audiological testing through the Northeast Nebraska Program for Children who are Deaf or Hard of Hearing with Megan Wegher, AuD, CCC-A.

*The School district assumes the cost for this testing. The bill for such services and a copy of the test results are to be sent to the administrator listed below.

Also, please send a copy of test results to the person making the referral at the school address directly below.

(Signature of Staff Member Making Referral)

(Title)

(School Address of Referring Staff Member)

(Contact Phone #)

Approve by School Administrator

(Printed Name of School Administrator)

(Signature of School Administrator)

Comments: