



Hearing Test Request

Table with 2 columns: Brandi Neuzil (Waukon AEA) and Stephanie Gogel (Dubuque AEA)

Date: _____ Date received by Audiologist: _____

Child: _____ DOB: _____

School: _____ District: _____

Grade: _____ Teacher: _____ Day/Section _____

Requested by: _____ Parent: _____

Reason: _____ Address: _____

Parent Phone: _____

Gender: Male Female

Parent Permission Obtained:

Date: _____ By Whom: _____

Method: [] Phone [] Note [] P/T conference [] E-mail [] Other: _____

Audiologist's use:

Race/Ethnicity: Not Hispanic White Black or African American
Hispanic If Not Hispanic: Multi-racial American Indian or Alaska Native
Asian Native Hawaiian/Other Pacific Islander

Date tested/scheduled: _____ State ID: _____

Results: