

## Referral for Assessment

### Itinerant Teacher for Students who are Deaf or Hard of Hearing

Has the student had a recent hearing test?

- \_\_\_\_\_ No. (*Speak with parents to arrange referral to the PHN or an Audiologist.*)  
\_\_\_\_\_ Yes. (*Complete this form and forward to the Itinerant Teacher DHH.*)

Please check the area(s) of concern for this student and attach Interventions/Pre-referral forms and/or current ISSP and First Steps Continuum (if primary student).

#### Listening:

- \_\_\_ 1. Often asks for you to repeat what you are saying.
- \_\_\_ 2. Responds incorrectly to question.
- \_\_\_ 3. Watches your face intently when you are speaking.
- \_\_\_ 4. Says "huh" or "what" often.
- \_\_\_ 5. Has difficulty understanding speakers in a group.
- \_\_\_ 6. Strains or frowns when listening.
- \_\_\_ 7. Listens with head in peculiar position (e.g. turned to one side).
- \_\_\_ 8. Complains that he or she hears you, but cannot understand what you are saying.

#### Language:

- \_\_\_ 1. Difficulty following directions.
- \_\_\_ 2. Inadequate attention span.
- \_\_\_ 3. Lacks sequential order in describing experiences or telling a story.
- \_\_\_ 4. Speaks in single words or phrases rather than sentences.
- \_\_\_ 5. Gropes for words.
- \_\_\_ 6. Avoids speaking in class.
- \_\_\_ 7. Uses inappropriate grammatical forms.

#### Articulation:

- \_\_\_ 1. Easy to understand.
- \_\_\_ 2. Understandable half of the time.
- \_\_\_ 3. Very difficult to understand.
- \_\_\_ 4. Distorts (changes) sounds.
- \_\_\_ 5. Substitutes one sound for another.
- \_\_\_ 6. Omits sounds.

#### Voice Quality:

- |                        |                  |
|------------------------|------------------|
| ___ 1. Normal.         | ___ 4. Too loud  |
| ___ 2. Pitch too high. | ___ 5. Too soft. |
| ___ 3. Pitch too low.  | ___ 6. Nasal     |

**Other Comments:**

---

---

---

---

---

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Checklist of Attachments

- ☐ Record of Interventions/Pre-Referral Form
- ☐ ISSP including educational component (if applicable)
- ☐ First Steps Continuum (if applicable)
- ☐ Other
- ☐ Previous Assessment Results (if applicable)