



**NORTHWEST REGIONAL
EDUCATION SERVICE
DISTRICT**

Audiology Department
Ph: 503-614-1406
Fax: 502-614-1285
5825 NE Ray Circle
Hillsboro, OR 97124

District Request for Audiological Evaluation

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____

Parent(s) Address: _____

Parent(s) Phone Number: _____ Alternate Number: _____

District: _____ School Name: _____

Case Manager: _____ Case Manager Phone: _____

Case Manager Email: _____

Requesting:

- Screening (Requires Form 30 in addition to this form)
- Initial/Re-Evaluation (Requires Form 30 in addition to this form)
- Maintenance hearing evaluation and/or equipment appointment (no 2nd form needed)

Reason for hearing screening/evaluation request:

Other pertinent information:

Please note: Audiograms will be emailed to the case manager identified on this form. Questions about evaluations can be addressed to Bret Wonderlick at bretw@nwresd.k12.or.us or 503-614-1265

Special Education Director Signature

Date