

Request for Services/Equipment

I am formally requesting that an educational audiologist be present to interpret my child's audiological diagnostic test results to the educational team, in order for them to better understand my child's needs

I am formally requesting that an educational audiologist be part of my child's IEP/504 team and available for consultation as needed

I am formally requesting that my child have an educational audiology evaluation for hearing assistive technology due to their:

Hearing Loss

Auditory Processing

Disorder Auditory

Neuropathy

I am formally requesting that my child have an educational audiologist evaluate if my child's accommodations for their hearing loss/auditory processing disorder are appropriate

I am formally requesting that an educational audiologist be the professional to fit, manage, or troubleshoot my child's hearing assistive technology in the classroom

Parent's Name _____

Child's Name _____ **DOB:** _____

My preferred practice to work with is Keystone Classroom

**More information can be found at their website,
KeystoneClassroom.com or by emailing
Scheduling@KeystoneClassroom.com**

