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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Annual Request for Audiological Evaluation/Services**(Use this form if the student has been previously evaluated by the SELPA audiologist) |
| **STUDENT Information** |
| The following student has been previously referred and evaluated by the Desert/Mountain SELPA contract audiologist. |
| Student Name: |  | Date of Birth: |  | School Year: |  |
| Grade: |  | Medi-Cal No: |  | Special Education Services: |  |
| School Site: |  | District of Attendance: |  |
| Parent/Guardian: |  |
| Home Phone: |  | Work Phone: |  | Other Phone: |  |
|  |
| **background: hearing equipment, SERVICES** |
| List any important changes (changes in placement, services, health, ENT surgeries, lost or broken hearing aids, lost or broken classroom amplification equipment, family issues, etc.) that have occurred since the initial audiological referral or during the last school year. |
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| **PLEASE attach the Consent for Assessment form (D/M 66) to complete the Annual Audiological Request packet** |
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| Director of Special Education Signature: |  | Date: |  |