

Referral for Auditory Processing Concerns

Hearing Conservation/Auditory Services

Ventura County Office of Education
 5100 Adolfo Rd.
 Camarillo, CA 93012
 Phone: (805) 437-1380

Date: _____

Student: _____ Birth Date: _____ Age: _____

School: _____ District: _____

Teacher : _____ Room #: _____

Referred by: _____
Name of Person Title Phone

Send report to the followin Email address: _____

Sent report to the following school mail or U.S. mail address: _____

Reason for Referral: _____

Assessment Indicators specific to audiotry processing

Assessment Tool	Subtest	Score	Date	Assessor

School Staff: Please phone Hearing Conservation at (805) 437-1380 to hold an appointment before the assessment plan is signed. A copy of the appointment information will be sent to the parents. Also complete this form and forward to Hearing Conservation along with the following:

- ☞ Assessment Plan
 Date Assessment Plan Signed: _____
- ☞ Assessment results
- ☞ IEP recommendations

Please send to Hearing Conservation by one of the following methods:

U.S. Mail: Ventura County Office of Education
 Hearing Conservation/Audiology Services
 5100 Adolfo Rd.
 Camarillo, CA 93012

School Mail: Ventura County Office of Educaiotn
 Hearing Conservation

FAX: 805-389-4297