



APPLICATION FOR AUDIOLOGIC SCREENING/EVALUATION

Student's Name:			
Birth Date:		Student ID:	

Address:		City:	San Diego	Zip:	
Home Phone:		Work:		Cell:	
Email Address:					

School of Residence		Grade	Prog.	
School of Attendance				

Parent's/Guardian's Name <b>PLEASE PRINT</b>		Preferred Language:	
---	--	---------------------	--

**I request an evaluation/screening for my child (which may include audiometric and/or impedance testing, otoscopic examination and other measures deemed necessary by the audiologist(s))**

Comments:	
-----------	--

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

Referred By:		Date:	
Phone:		Fax:	
Reason:			
Send results to Location:			

AVM/Rev. 6/09/2012