

Parent Links Referral Form

Date

Child's Name:

Ethnicity

Gender

Birthdate

Birth Hospital

Primary Language Spoken at Home

Child's Address

Mother's Name

Birthdate

Mother's address (if different)

County

Phone Number Home

Cell Number

Email

Hearing Level

Right Ear

- Normal
- Mild
- Moderate
- Severe
- Profound

Left Ear

- Normal
- Mild
- Moderate
- Severe
- Profound

Date Hearing Loss Confirmed

Infant Has Atresia

Y

N

Bilateral

Unilateral

R

L

Other Diagnosis Related to Hearing Loss

Comments

Child was in NICU

Y

N

Examining Audiologist

Phone Number

Referring Agency or Person

Phone

Email

Are parent aware of the child's hearing loss?

Y

N

Are Parents aware of the referral to Early Start?

Y

N

*Fax to Nancy Groez Sager at California Department of Education Fax to 916-445-4550
Or call 918-327-3868