





## SERVICE REQUEST DIRECTIONS

All service requests must be scanned or faxed with required documents to Carrie Klemm at [cklemm@sased.org](mailto:cklemm@sased.org) or fax 331-903-1548. If you have any questions, please call SASED directly at (630) 955-8092.

### **NEW Evaluations/Assessments - Please Attach Consent for Evaluation**

- Audiology Evaluation
- Educational Hearing Assessment
- Educational Vision Assessment
- Orientation & Mobility Evaluation
- Educational Auditory Processing Disorder Testing

### **Services – Please Attach Current Services Page**

- Annual Audiology Services: \_\_\_\_\_ Direct/Consult Minutes \_\_\_\_\_
- Vision Itinerant Services: Mins per week \_\_\_\_\_ Direct/Consult \_\_\_\_\_
- Hearing Itinerant Services: Mins per week \_\_\_\_\_ Direct/Consult \_\_\_\_\_
- Orientation & Mobility: Mins per week \_\_\_\_\_ Direct/Consult \_\_\_\_\_
- Interpreter: minutes per week \_\_\_\_\_

Notes/Equipment Needed: \_\_\_\_\_

### **DESCRIPTION OF EVALUATIONS/ASSESSMENTS**

#### **Audiology Evaluation**

An audiology evaluation consists of an assessment of the student’s hearing sensitivity, speech reception and discrimination abilities, impedance testing and, if applicable, aided performance. Audiological evaluations are off-site at the SASED Audiology Department.

#### **Educational Auditory Processing Disorder Testing**

The audiologist will administer a series of tests in a sound -treated room. These tests require listeners to attend to a variety of signals and to respond to them via repetition, pushing a button, or in some other way.

#### **Educational Hearing Assessment**

An educational hearing assessment may consist of an evaluation of a child’s listening comprehension of language in the school setting; through observation(s), formalized testing, and consultation with district staff. The evaluation results will assist in recommendations regarding itinerant services, trial use of an assistive listening device and accommodations related to the student’s hearing loss

#### **Educational Vision Assessment**

An educational vision assessment is an evaluation of the day-to-day visual skills of a student who has a visual impairment and the impact it has on his/her learning in the classroom environment. The evaluation results will assist in recommendations regarding vision services.

#### **Orientation and Mobility Assessment**

An orientation and mobility (O&M) assessment examines the ability of a student with a vision impairment to travel safely, independently, and efficiently through their environment.



## REQUIRED DOCUMENTATION FOR REQUEST

### New Evaluation/Assessment/Auditory Processing requests, REQUIRE:

- Completed Section 1 & 2 of the SASED Service Request Form
- Medical & Educational Information (see below)
- Authorized school representative signature
- Copy of domain(s) paperwork with parental consent signature (IEP, 504 or ISP equivalent)
- Auditory Processing

### New to SASED with Documented Current Service requests, REQUIRE:

- Completed Section 1 & 2 of the SASED Request Form
- Medical & Education Information (see below)
- Copy of related service minutes page(s) of student current service plan (IEP, 504 or ISP equivalent)

### Annual Audiology request (i.e. the student already has a current plan with this listed service) REQUIRE:

- Copy of related service minutes page of student's **current service plan** (IEP, 504, ISP etc.)
- Copy of Conference Summary Report with appropriate school contact & **parent preferred contact information.**

**\*\*IMPORTANT:** Please send any equipment with the student to the appointment  
(Including but not limited to: ALDs, Hearing Aids, etc....)

### MEDICAL & EDUCATIONAL INFORMATION

If this is a new request, evaluation, assessment, or services please complete the following medical and educational history on the student to the best of your knowledge. If you are unsure or if it is not applicable, please leave that section blank.

Medical Diagnoses:
Hearing Equipment or Materials Used:
Vision Equipment (i.e. glasses, patches, contacts, etc.):
Orientation/Mobility Equipment (i.e. cane, low vision devices, walker, etc.):
Educational/Community Concerns:
Additional Information:

**[OFFICE USE ONLY]** DATE RECEIVED: \_\_\_\_\_ ASSIGNED TO: \_\_\_\_\_

NOTES: