



# Chester County Intermediate Unit

455 Boot Road, Downingtown, PA 19335

## REFERRAL FOR HEARING OR VISION SERVICES

### **Processing directions:**

- *If a Permission to Evaluate/Reevaluate has been signed please forward with the referral*
- *If one has not been completed, please forward the referral packet and IU staff will arrange to obtain a signed Permission. If the IEP team is requesting the evaluation please include a copy of the IEP with referral.*
- *A current eye report/ audiogram is extremely helpful in reviewing the student's need for service. If one is available please provide with the referral.*

Forward the referral and all related material to **Supervisor of Sensory Impaired Programs** at the above address. For more information contact Vince McVeigh, Supervisor at 484-237-5013 or at [vincem@cciu.org](mailto:vincem@cciu.org).

Student: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Referred By: \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
 Grade: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 District: \_\_\_\_\_

Parent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

### TYPE OF SERVICE(S) REQUESTED

#### HEARING

- ( ) Functional Hearing Evaluation.\*
- ( ) Audiogram/Tympanogram\*
- ( ) Class Screening – Hearing
- ( ) Trial Auditory System

#### VISION

- ( ) Functional Vision Evaluation \*
- ( ) Orientation & Mobility Evaluation \*
- ( ) Class Screening - Vision
- ( ) Other \_\_\_\_\_

\*(Select one) Permission to Evaluate: \_\_\_ Issued \_\_\_ Needed \_\_\_ IEP Indicated

Dist. Admin. Signature: \_\_\_\_\_ Referral Date: \_\_\_ / \_\_\_ / \_\_\_

Reason for Referral (List specific referral concerns)

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