

Hearing Conservation and Audiology Services

5100 Adolfo Road, Camarillo, CA 93012

805-437-1380 • FAX: 805-389-4297

Email: hearing@vcoe.org

www.vcoe.org/hearing

VENTURA COUNTY OFFICE OF EDUCATION

Stanley C. Mantooth, County Superintendent of Schools

Referral/Authorization for Hearing Services 2017-2018

Client Information

Date of Referral _____

Last Name _____

First Name _____

Date of Birth _____ M ☐ F ☐

Grade _____ School _____

District of Attendance _____

District of Residence (if different) _____

IEP? Yes ☐ No ☐

IEP Type: DHH ☐ VI ☐ OI ☐ Other _____

Is this an initial IEP assessment for a child with documented hearing loss? Yes ☐ No ☐ This student has a 504 Plan ☐

Parent Contact (name/phone) _____

Referred by

Last Name _____

First Name _____

Title/Role _____

School/Agency _____

District/City _____

Phone _____

Email _____

Case Manager (if different) _____

Email _____

Teacher (if different) _____

Email _____

Type of Referral: (See instructions attached)

☐ Hearing Test*

☐ Educational Audiology Consult/Services^

☐ CAP Assessment *

☐ Aided Testing*

☐ Hearing Assistive Technology (HAT)^

☐ CAP Assessment IEP attendance /

☐ Equipment Purchase Services

Post-assessment Services ^

☐ Other: _____

*Authorization effective for current school year

^Authorization effective throughout duration of appropriate IEP/504 plan

Reason for Referral

Indicate any timelines that need to be met: _____

Primary Concern:

Attach all available audiological records from outside sources.

Attach/Forward 504 Plan, as applicable.

Authorization for Billing (Required at time of submission; not required for DHH-IEP students)

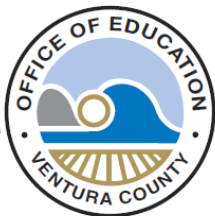
Administrator (District of Attendance) _____ Signature _____

Title _____ Phone _____ Email _____

If the student is attending a school outside of their DOR, and SELPA funding is not applicable, the DOR will be billed for the services and any HAT equipment. Authorization will be needed from BOTH designated district administrators.

District of Residence - Administrator: _____ Signature _____

Title _____ Phone _____ Email _____



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Instructions for Completing the Referral/Authorization Form

This referral/authorization form is required from Hearing Conservation.

1. Client Information

- a. Enter the name and date of birth; put any nicknames in quotes.
- b. Complete district information. If the child is not yet attending school, still put in the District of Residence (DOR). If the student is attending a school outside of their DOR, and SELPA funding is not applicable (per below), the DOR will be billed for the services and any HAT equipment. Be sure to indicate both the District of Attendance (DOA) and DOR. Authorization will be needed from designated administrators for both the DOA and the DOR.
- c. Indicate whether the student has an IEP; if so, whether the primary or secondary eligibility is Deaf/Hard of Hearing (D/HH), Visual Impairment (VI), or Orthopedic impairment (OI), or whether this is an initial IEP assessment for a student with a documented hearing loss (therefore, a student pending D/HH IEP eligibility).

2. Referred By: Enter all information for the referring person, IEP or 504 case manager and primary teacher.

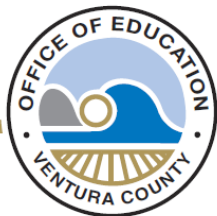
3. Type of Referral: See table below for description of the service options, costs and scheduling process.

- *Services and HAT equipment for students with low incidence IEP eligibility (D/HH, VI, OI) are funded through SELPA.*
- *Funding for services/HAT for all other students are the responsibility of the school district and must be pre-authorized.*

4. Reason for Referral: Briefly explain the reason for the referral and indicate assessment timeline, IEP date, and/or any other deadlines that need to be met. Forward copies of all available (non-VCOE) audiology records.

5. Authorization for Billing: It is the responsibility of the referring professional to **first obtain authorization** for services (and, therefore, approval to bill the district/agency) from the **designated administrator** (e.g. Director) **prior** to submitting this form.

6. To submit this request: Save/Print a copy for your records; forward to Hearing Conservation.



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Hearing Conservation Services and Cost

| Service / Referral Type | Description | Cost | Scheduling Process |
|--|--|---|---|
| Hearing Test | Comprehensive testing at VCOE to determine the presence and characteristics of hearing loss and to link the family to needed services in the community and school. | \$130 | After submitting this form, <i>instruct parent to call our office to schedule an appointment.</i> |
| Aided Testing | Testing at VCOE to determine a student's auditory abilities while using their current amplification devices (hearing aids or cochlear implants). | \$200 | After submitting this form, <i>instruct parent to call our office to schedule an appointment.</i> |
| Educational Audiology Consult/Services | School-based services for a student with hearing loss, including assessment, consultation, teacher in-servicing, IEP attendance, etc. | \$130/hour | After submitting this form, the <i>educational audiologist will contact you</i> to initiate services. |
| Hearing Assistive Technology (HAT) | Purchase of HAT and related services (estimated at 5 hrs./yr.), including set up of equipment and training of teacher(s) and students at the school site. | Equipment invoice and \$130/hour for services | After submitting this form, the <i>educational audiologist will contact you</i> to initiate services. |
| Central Auditory Processing (CAP) | Assessment at VCOE for (central) auditory processing (includes assessment and report only; see below for IEP and post-assessment services). | \$850 | After submitting this form, <i>refer to the CAP guidelines for instructions, criteria, and forms for scheduling CAP assessments.</i> |
| <u>CAP Assessment – IEP Attendance & Post-assessment Services</u> | IEP preparation and attendance subsequent to CAP assessment, including consultation with school team, parents, and others involved. | \$130/hour | <i>When requesting CAP assessment, also indicate the potential need for post-assessment services/IEP attendance.</i> Post-assessment services can be cancelled if not needed. |
| <u>Other</u> | Briefly state the needed services | \$130/hour | <i>We will contact you</i> to initiate services. |