Hearing Conservation and Audiology Services
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www.vcoe.org/hearing

VENTURA COUNTY OFFICE OF EDUCATION
Dr. César Morales, County Superintendent of Schools

Referral/Authorization for Hearing Services 2020-2021

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 ☐

Home Language _____ Interpreter Needed? Yes ☐ No ☐

Parent/Guardian Name _____ Parent/Guardian Phone _____

Referred by

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 ☐ Equipment Purchase Services
☐ Aided Testing ☐ Hearing Assistive Technology (HAT) ☐ Central Auditory Processing Assessment (CAP)

☐ Other: _____

***Authorization effective for current school year**

Reason for Referral Indicate any timelines that need to be met: _____

Primary Concern:

Attachments: ☐ Audiological Records from other Sources ☐ 504 Plan

Authorization for Billing (Required at time of submission; not required for low incidence eligible 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 HAT equipment. Authorization will be needed from BOTH designated district administrators.

District of Residence – Administrator _____ Signature _____

Title _____ Phone _____ Email _____

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.

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	$180	After submitting this form, instruct parent to call our office to schedule an appointment.
Aided Testing	Testing at VCOE to determine a student's auditory abilities while using their current amplification devices (hearing aids or cochlear implants)	$240	After submitting this form, instruct parent to call our office to schedule an appointment.
Educational Audiology Consult/Services	School-based services for a student with hearing loss, including assessment, consultation, teacher in-servicing, IEP attendance, etc.	$180/hour	After submitting this form, the educational audiologist will contact you 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 $180/hour for services	After submitting this form, the educational audiologist will contact you to initiate services.
Central Auditory Processing Assessment (CAP)	Assessment at VCOE for central auditory processing includes testing, report, IEP participation and consultation with school team, parents, and others involved.	$1,800	After submitting this form, we will contact you to initiate assessment. Refer to the *Central Auditory Processing (CAP) Scheduling Process* for additional procedures.
Other	Briefly state the needed services	$180/hour	We will contact you to initiate services.