



Educational Enterprises ■ Sound Solutions

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AUDIOLOGY SERVICES FOR DEAF AND HARD OF HEARING STUDENTS

AUDIOLOGY SERVICES Includes: HAT fitting, technical assistance, record review, staff/parent consultation, meetings, phone/e-mail contact and prep time.

(Note: Contract for audiological services is for July 1 through June 25) Dates subject to BCSS district scheduling changes.

Please list all district students. Place additional students on other page.

JULY 2017 TO JUNE 2018

JULY 2018 TO JUNE 2019

DISTRICT:

HOURS REQUESTED:

PLEASE COMPLETE ELECTRONICALLY OR PRINT LEGIBLY

Student Name	DOB mm/dd/yyyy	School	Case Manager	Case Manager E-Mail	Case Manager Phone Number	May We Contact Parent/Guardian	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

USE PAGE #2 TO LIST MORE STUDENTS

*****SEND CONTRACT TO (ADMINISTRATOR):**

*****PLEASE FAX OR E-MAIL CURRENT AUDIOLOGICAL EVALUATIONS WITH REQUEST*****

FULL NAME: _____ TITLE: _____

ADDRESS: _____ ZIP: _____

COUNTY: _____ E-MAIL: _____ PHONE #: _____ FAX #: _____

****AUTHORIZED BY (SIGNATURE): _____ DATE: _____

SERVICES TO INCLUDE:

BCSS OFFICE USE ONLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Preparation | <input type="checkbox"/> Staff Consultation | <input type="checkbox"/> Report Writing |
| <input type="checkbox"/> Technical Training | <input type="checkbox"/> Direct Student Services | <input type="checkbox"/> In-Service |
| <input type="checkbox"/> Parent Consultation | <input type="checkbox"/> Extended Travel Surcharge | <input type="checkbox"/> Workshop |

Other: _____

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