

Carbon Lehigh Intermediate Unit #21

4210 Independence Drive Schnecksville, PA 18078-2580 Gregory S. Koons, Ed.D. **Executive Director**

Kimberly A. Talipan Assistant to the Executive Director

610-769-4111 800-223-4821 Fax 610-769-1290 www.cliu.org



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Request for Hearing Screening by Audiologist

Date of Request:		=					
Requesting Staff Name	e and Position:						
Email: Phone:				Requesting District:			
Building Location/Add	dress:						
Administrator's Signature from Requesting District:					Date:		
Services	Available: OAE	(Otoacoustic l	Emission) Hearing	g Screening	and Pure Tone Hea	ring Screening	
Student Name	Student's LEA	Student's DOB	Student's PA Secure ID	OAE (O) or Pure Tone (P)	LEA Approver Name (SPS Supervisor only)	Date Approved by LEA (SPS Supervisor only)	Date Screening Completed (Audiologist only)
**Pleas	e scan and em	ail completed	l form to Matth	ew Martu	cci at <u>martuccim</u>	@cliu.org.	
To be completed by CL	IU Administrate	or/Audiologist:					
CLIU Administrator Approval of Services:					Date:		
Audiologist's Signature:					Date Services Completed:		
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"CLIU is a service agency committed to Helping Children Learn."

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