



San Diego Unified School District

Eugene Brucker Education Center
4100 Normal Street, Annex 17, San Diego, Ca 92103

(619) 497-3520
Fax: (619) 497-3521

Office of the Deputy Superintendent
Special Education Programs Division
Audiology Assessment Center
Geri Brown, Program Manager

APPLICATION FOR AUDIOLOGIC SCREENING/EVALUATION

Student's Name: _____

Birthdate: _____ Student I.D. # _____

Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____

School of Attendance: _____

Grade/Program: _____

Parent/Guardian's Name: _____

I request an evaluation/screening for my child (which may include audiometric and/or impedance testing, otoscopic examination, and other measures deemed necessary by the audiologist(s)).

Comments: _____

Parent/Guardian's Signature

Date

Referred by: Name: _____ Phone: _____
Reason: _____
