



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

Request for Auditory Processing Evaluation

NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ ID#: _____

FEDERAL HANDICAP CODE: _____ SPECIAL EDUCATION PROGRAM: _____

CASE MANAGER'S (C.M.) NAME: _____

C.M.'S PHONE #: _____ C.M.'S FAX#: _____

PARENT'S / GUARDIAN'S NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ WORK PHONE: _____

Reason for Referral: _____

Please check the following:

- copy of front page of the IEP is attached to the request
- copy of the most recent psychological assessment is attached
- copy of the most recent speech/language evaluation is attached
- copy of Assessment Plan which includes APD testing

the student has the following requisite skills:

- hearing within normal limits
- no significant articulation errors
- able to wear auditory headphones
- no significant behavioral or cognitive problems
- able to sit in a sound booth without assistance
- fluent English speaker
- able to respond to test stimuli and / or repeat words without prompting

NOTE: THE STUDENT MUST HAVE THE SKILLS OUTLINED ABOVE OR THE STUDENT MAY NOT BE ABLE TO COMPLETE THE TEST BATTERY PRODUCING INVALID RESULTS.

If any of the above boxes are not checked, please call the audiologist to discuss this *in advance*. Send all documents to: Audiology Assessment Center, APD Request, Ed Center, Annex 17 or fax to (619) 497-3521.