

Troup County School System  
**Audiological Referral**

Student's Name

Date of Birth          Age          ID#

Grade

Referring Teacher/Service Provider

School

Parent/Guardian

Address

Home Phone          Parent's Work Phone

This child receives the following exceptional education services:

Reason for referral:

Problem Areas Include:

- Difficulty following directions
- Problems attending to lessons presented orally
- Confusion during conversation
- Frequent requests to repeat information
- Academic performance below expectations
- Frequent daydreaming
- Failure to respond when called
- Speech/language difficulties

Date of Referral          Date of IEP team decision for referral

Signature of Referring Teacher/Service Provider: