

Union County Public Schools
Level 1 - Intervention Process

Referral for Hearing Screening:

Date: _____

LEVEL I Notification sent by (Staff Member) on (Date)

Referral completed by: _____

Student's Name: _____

Student's Homeroom Teacher: _____

Hearing Screening Results:

Date: _____ Results: _____

Examiner: _____

Follow Up Needed: NO
 YES

(If YES, Explain): _____