

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): \_\_\_\_\_