



**REQUEST FOR SCREENING SERVICES
AUDIOMETRIC / VISION TECHNICIAN**

School*: _____

Date: _____

Resident District Name / #: _____

Requested by: _____

***Please use one request sheet per school.**

***Please include additional information that may help in locating or understanding the student (e.g. Life Skills, glasses, etc.).**

*******FOR OFFICE USE ONLY*******

Student's Name	Grade	Birth Date	Service Requested		Date Needed	***** FOR OFFICE USE ONLY *****					
			V	H		Date Completed	Results V H	Rescreen V H	Date Referred	Notes	

Comments:

*******FOR OFFICE USE ONLY*******

Copy at School:

Email:

Spreadsheet:

Screeener: