



**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	***** <b>FOR OFFICE USE ONLY</b> *****					
			V	H		Date Completed	Results V H	Rescreen V H	Date Referred	Notes	

Comments:

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

Copy at School: \_\_\_\_\_

Email: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

Screeener: \_\_\_\_\_

Billing: \_\_\_\_\_