



TO: _____

FROM: _____

DATE: _____

RE: _____ DATE OF BIRTH: _____

Our Multidisciplinary Evaluation Team is planning for the educational needs of the above student. This team is considering this student for special education services/programming under qualifications as a student with the following disability: _____.

Your input is a vital part of this student's educational plan and is a requirement to qualify for special education services/programs.

Enclosed is a signed release of information authorizing you to release this information to us.

Thank you for your cooperation.

Level of Hearing Loss _____

Signature of Otolaryngologist or Otologist _____ Date _____

Signature of Audiologist _____ Date _____

Please return this form to _____

Enclosure: Release of Information

SE-F-32-02