



Request for Central Auditory Processing Evaluation

NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____ ID#: _____

FEDERAL HANDICAP CODE: _____ SPECIAL EDUCATION PROGRAM: _____

CASE MANAGER'S (C.M.) NAME: _____

C.M.'S PHONE #: _____ C.M.'S FAX#: _____

PARENT'S / GUARDIAN'S NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ WORK PHONE: _____

Reason for Referral: _____

Please check the following:

- copy of front page of the IEP is attached to the request
- copy of the most recent psychological assessment is attached
- copy of the most recent speech/language evaluation is attached
- copy of Assessment Plan which includes CAPD testing

The student has the following requisite skills:

- hearing within normal limits
- at least 7 years of age
- no significant articulation errors and able to follow multistep commands
- able to wear headphones for an extended period of time
- no significant behavioral or cognitive problems
- able to sit in a sound booth without assistance
- fluent English speaker
- able to respond to test stimuli and /or repeat words without prompting

NOTE: THE STUDENT MUST HAVE THE SKILLS OUTLINED ABOVE OR THE STUDENT MAY NOT BE ABLE TO COMPLETE THE TEST BATTERY PRODUCING INVALID RESULTS.

If any of the above boxes are not checked, please call the audiologist to discuss this *in advance*. Send all documents to: Audiology Assessment Center, CAPD Request, Ed Center, Annex 17 or fax to (619) 497-3521.