

Audiometry - Audiology Flow Chart

November 2023

Hearing Screening

performed by Audiometry/School Audiometrist (under District Nursing Services)

Mass Screening

NO VALID – some will be referred to ARU. See orange box.

FAILED INITIAL SCREENING

PASS

END

RETEST

RE-SCREENED-FAILED REFERRED

RE-SCREENED PASSED

END

RESCREENED- PARENT UPDATE ONLY
Audiometrist sends letter to the parents

END

MEDICAL REFERRALS

(1) **Medical Only** - requires medical follow up only

(2) **Medical with ARU (AUDIOLOGIC RESOURCE UNIT) Referral** - requires both medical follow up and ARU referral (printed by the Audiometrist from Welligent).

School Nurse Follow-Up for ALL MEDICAL REFERRALS

1. Calls the parent/guardian
2. Documents on documented Welligent Health Screening>Hearing Screening Details>Follow-Up Report (audiogram)
3. MEDICAL ONLY REFERRAL (NO ARU Referral), after follow-up, send the hard copy of the audiogram (pink) to [Audiometry](#), Roybal Annex, NOT ARU.
4. MEDICAL REFERRAL WITH ARU REFERRAL- these are ARU Referrals that were pre-printed by the Audiometrist, . *Receiving medical care is not a prerequisite in submitting the completed ARU referral form. The ARU referral can be submitted while the parent/guardian is making arrangements with their healthcare provider (HCP). Continue below...*

FOR MEDICAL REFERRAL or NO VALID WITH ARU REFERRAL

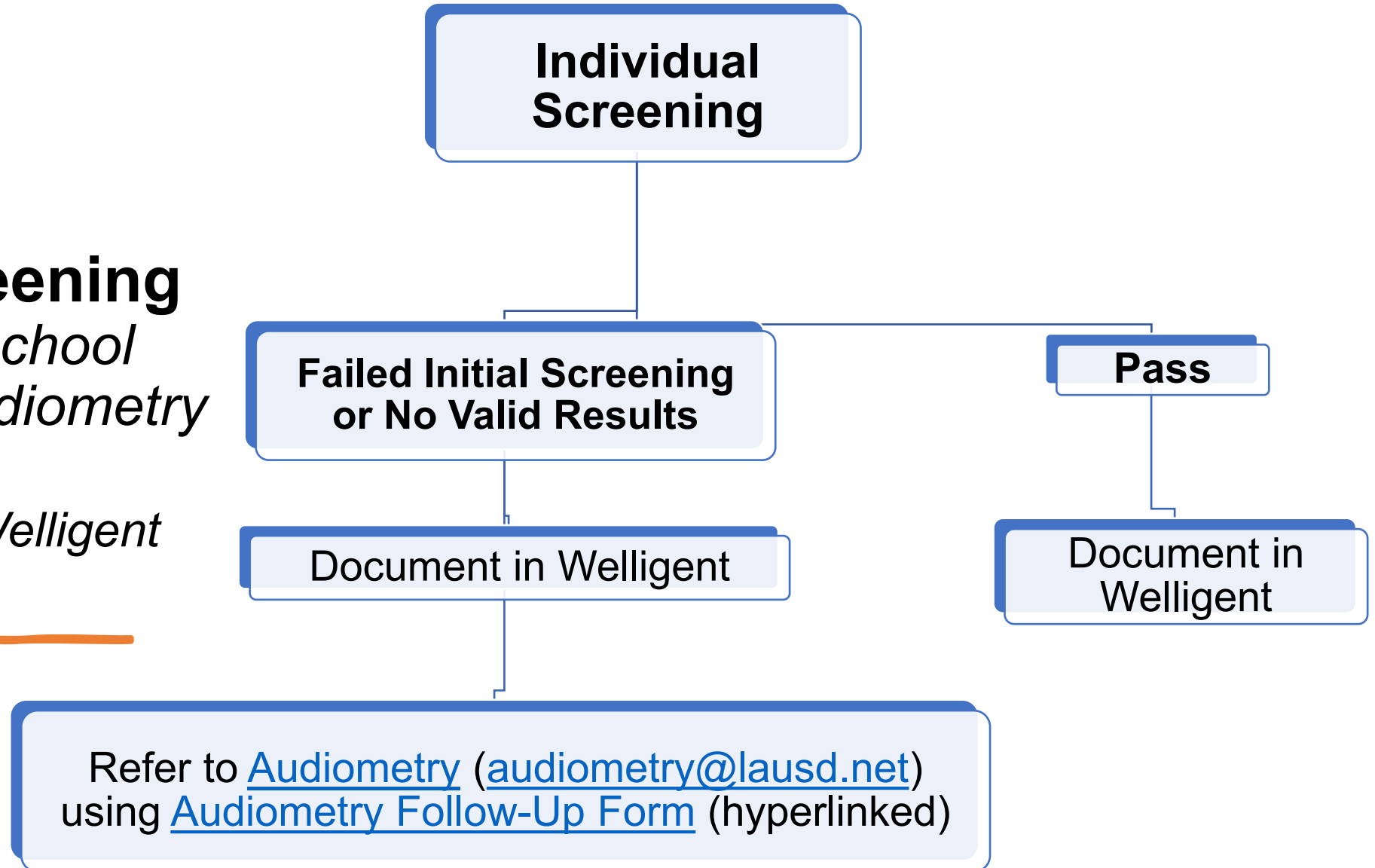
*Enclosed in ARU Cover Letter in the Black Book

***Complete the required sections.**

* Send the completed ARU Referral to ARU Booth that covers the school. See a separate handout for [Audiology \(ARU\) contact info](#).

Note: While the parent/guardian is taking care of the medical follow-up, the school can facilitate sending the completed ARU referral to [Audiology](#)

Hearing Screening
*performed by School
Nurses with Audiometry
Certificate*
*(documented in Welligent
Health Screening)*



ARU (Audiologic Resource Unit) Referral Sources – Division of Special Education

Audiometry Referral based on
Mass Hearing Screening (using ARU
form)

**School personnel including School Nurses using
the [ARU Form](#)**
Student w/
*w/ hearing exam report from the student's family's
healthcare provider
*w/ hearing aid even w/o hearing exam report

**(Cont'd) School personnel including School
Nurses:**
*w/ Individualized Educational Plan (IEP) with DHH
Eligibility and w/ or w/o healthcare provider's report



Will refer for IEP
Evaluation to
determine DHH
Services eligibility

Refer eligible students
to California Children's
Services (CCS) for ENT
or hearing aid
evaluation

Parent declines
ARU evaluation

Parent does not
follow through

ARU Evaluation Reports are found in Welligent.

Welligent Tab WellProvider ARU Evaluation

Record Navigator Audiological Resource Unit

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Initial Hearing Screening Record**

Test Date: _____

School: _____

Grade/Room/Teacher: _____

NAME: _____

DOB/ID#: _____

	1000 Hz	2000 Hz	4000 Hz	Passed Audio Screening @ 25 dB	Unable to Screen (see comments)	Needs Further Testing	Comments
RIGHT				YES / NO		YES / NO	
LEFT				YES / NO		YES / NO	

Key to information	
✓	Responded @ 25 dB
	No Response @ 25 dB

Reason for Initial Hearing Screening:

Initial IEP

3rd Year IEP

SST

Other: _____

Screened By: _____

Please email completed form to audiometry@lausd.net **OR** fax to 213-580-6561

LOS ANGELES UNIFIED SCHOOL DISTRICT Division of Special Education

Send completed form to:

Audiologic Resource Unit: REFERRAL FOR ARU SERVICES

Valley: 818 654-3573 Sellery/Doyle: 310 965-7906 Perez: 323 360-9853 Marlton: 323 293-0985
FAX: 818 654-3666 310-965-7912 323 262-7781 323 293-0814

Mailing address:

Local District NW Attn: AUDIOLOGY Local District: S Attn: AUDIOLOGY Perez CTC Attn: AUDIOLOGY Marlton School Attn: AUDIOLOGY

Student Name: _____ Birth date: _____

Address: _____ Home phone/cell: _____

Parent/guardian: _____ Home Language: _____

School: _____

REASON FOR REFERRAL: Failed hearing screening (Date _____) Hearing loss suspected

DHH itinerant assessment; 3rd Year (Date _____)

Comments: _____

Student is receiving special education services No Yes

Special Day Class _____ Itinerant DHH _____ LAS _____ RSP _____ APE _____ VH _____

PERTINENT HEALTH INFORMATION: (per health office)

MEDICAL

Chronic ear infections PE tubes Other _____

Under private medical care: Physician _____

Comments: _____

AUDIOLOGIC

Did the student pass his/her newborn hearing screening No Yes

Has the student had a recent AUDIOLOGIC evaluation? No Yes If yes: Date/Location _____

****Please forward a copy of evaluation to: AUDIOLOGIC RESOURCE UNIT with this referral**

AMPLIFICATION STATUS:

Does the student have hearing aids? No Yes Right _____ Left _____

Dispenser _____ Is the student using amplification on a consistent basis? No Yes

Comments: _____

IF student does NOT have an IEP: STUDENT PERFORMANCE: (per classroom teacher and/or student's counselor)

SPEECH & LANGUAGE Is a speech/language problem suspected? No Yes

If yes, Comments _____ ACADEMICS

Above grade level At grade level Below grade level

Comments: _____

ATTENTION Good work habits Completes assignments Short attention span Easily distracted

Follows oral directions

Comments: _____

BEHAVIOR Well-behaved Cooperative Helpful Easily frustrated Behaves inappropriately

Relates well with peers Interacts with peers inappropriately

Comments: _____

(Print name)

(Print name)

Referred by: _____ Date: _____ Received by: _____ Date _____

Title: _____

Title: _____

Signature: _____

Signature: _____