

DATE: February 2010

TO: Local District Special Education Coordinators (LICA)

FROM: Becki Streit, Executive Director
Judy Elkayam, Audiologist
Barb Wagner, Audiologist
Fotini Wickman, Audiologist

RE: **AUDITORY PROCESSING DISORDER REFERRALS: REVISED PROCEDURES**

BACKGROUND

For the past few school years, LICA has provided assistance to districts in the identification of auditory processing disorders. Testing has occurred at Northwestern University, with payment on a per-child basis. Decision-making regarding the need for an evaluation has been the responsibility of the IEP team. LICA audiologists have provided guidance regarding that process, but do not serve as gatekeepers to determine if the evaluation is warranted.

Based on the feedback we have received from districts, the relationship with Northwestern University is continuing, but we have added a second facility as a provider of diagnostic services. Central Pathways is located in Northbrook and testing is undertaken by Kris Erickson, AuD. Both facilities offer the same degree of diagnostic expertise for the same cost. The addition of Central Pathways allows for increased flexibility in testing location and scheduling. The decision regarding which facility to use is at the discretion of school personnel and/or parents. Contact information is as follows:

Tracy Hagan, M.A.
Northwestern University
Hearing Clinic
2240 N. Campus Drive
Evanston, 60208
847.491.3165

Kris Erickson, AuD
Central Pathways
Suite LL-28
1500 Shermer Road
Northbrook, 60067
847.564.2227

In an effort to better address the learning needs of students, and the time-intensive instructional and administrative demands of school districts, **we have altered the referral process** in conjunction with the evaluators at Northwestern University and Central Pathways:

1. Students who are referred for evaluation must meet expanded eligibility criteria. Those criteria are noted on a **new, Establishment of Eligibility form**.
2. The type and amount of information that needs to be sent to LICA, and then forwarded to either Northwestern University or Central Pathways has changed. Most importantly, a **new APD Questionnaire** has been added, and use of the CHAPS as part of the referral process has been eliminated.

February 2010

REFERRAL PROCESS

1. The following 6 **items** should be sent to LICA as a single packet, not individually:
 - a. **LICA referral** requesting APD consultation.
 - b. **Hearing thresholds** obtained by school nurse/health aide. (We **MUST** have threshold information even if the student has passed a school screening).
 - c. **Establishment of Eligibility (new form)**. This form is attached and may be copied.
 - d. **APD Questionnaire (new form)**. This form is attached and may be copied. Please note that it will help you determine if additional diagnostic or IEP information should also be provided.
 - e. **Fee Approval**. This form is attached and may be copied
 - f. **Release of Information**. This form is attached and may be copied. (This identifies the facility where the child will be seen; please do **NOT** have parents sign both forms)
2. Once the above information has been received, it will be forwarded to the facility preferred by school personnel and/or parents, as indicated by the signed Release of Information. The district will receive a copy of the cover letter that is sent to the facility.
3. The preferred facility will contact the family to schedule an appointment.
4. Following the evaluation, a copy of test results will be sent to the local district and to LICA.
5. If requested by the local district, a LICA audiologist will attend any meetings that are held to discuss findings and recommendations.

Establishment of Eligibility for APD Testing

Child's Name: _____ Date: _____

The following child-specific criteria must be met before a child is referred to LICA for an auditory processing evaluation at Northwestern University or Central Pathways. These criteria were formulated by personnel at the testing facilities, in collaboration with the LICA audiologists and administrator. They were developed to maximize the likelihood that the children are able to reliably participate in the evaluation and that the results will be valid.

The undersigned affirms that the above-named student:

- functions at a developmental age of at least 7 years; and
- is able to reliably participate in all aspects of a school hearing test, including the placement of headphones; and
- appears to demonstrate age-appropriate cognitive functioning, or has been determined to have a full scale IQ score above 70; and
- demonstrates speech intelligibility that is adequate to an unfamiliar listener; and
- is able to sustain attention to auditory tasks for at least 30 minutes without a break; and
- is able to follow verbal directions, such as "repeat the word that you hear"; "repeat the word you hear in your right ear first"; or "tell me if the sound you hear is 'high' or 'low' in pitch", if practice examples are given; and
- is not receiving, or in need of, ELL or ESL services

Name: _____ Position: _____

Email address: _____

APD Questionnaire

Child's Name: _____ Date: _____

1. Why is an auditory processing evaluation desired?

2. Who has requested the evaluation? (Check all that apply.)
 - School personnel
 - Parent(s)
 - Other _____

3. What question(s) would you like to have answered by this evaluation?

4. What evaluations have already occurred? (Check all that apply, and provide copies of the evaluation(s).)
 - Speech/language
 - Cognitive
 - Academic
 - Social-Emotional
 - Other _____

5. What interventions, accommodations, and/or special education services have been, or currently are, in place? How beneficial have they been? (Use other side, or attach extra pages if necessary.)

6. If the student receives special education services, what is the area(s) of eligibility? (Please attach a copy of the student's current IEP.)

7. Is there any other information that would be helpful for the evaluator to know? (Use other side if necessary.)

Name: _____ Position: _____

Email address: _____

Fee Approval for APD Testing

Re: _____
(Child's Name)

I understand that School District _____ will be billed up to \$550 for this evaluation
(District #)

directly by Northwestern University or Central Pathways. **Do not send payment to LICA.**

LEA Representative

Date

Phone #

Authorization to Release/Exchange Information

Regarding: _____ Date of Birth: _____
(Student Name) (m/d/y)

As parent or legal guardian of the above named student, I give my permission to the Low Incidence Cooperative Agreement (LICA) to exchange information on my child as indicated below:

Check one or both:

Release Records to: Receive Records from:

Name: Northwestern University Hearing Clinic
Address: 2240 N. Campus Drive
City: Evanston
State/Zip: Illinois 60208
Telephone: (847) 491-3165
Fax: (847) 491-2523

It is requested that the following information be sent to assist in educational planning and coordination of services **(check all that apply)**:

<input checked="" type="checkbox"/> Psychological	<input checked="" type="checkbox"/> Educational
<input checked="" type="checkbox"/> Social Work	<input checked="" type="checkbox"/> Audiologic
<input type="checkbox"/> Psychiatric	<input checked="" type="checkbox"/> Speech and Language
<input type="checkbox"/> Medical/Hospital	<input checked="" type="checkbox"/> Other: <u>MDC; IEP</u>

Parent/Guardian Signature: _____ Date: _____

***** THIS FORM IS VALID FOR ONE ACADEMIC YEAR *****

NOTE: Parents, guardians, students over 18 years of age, or legal representatives will be granted access to all materials contained in the above-named student's LICA file (per state and federal law). Accordingly any materials released to LICA will be governed by this policy.

Authorization to Release/Exchange Information

Regarding: _____ Date of Birth: _____
(Student Name) (m/d/y)

As parent or legal guardian of the above named student, I give my permission to the Low Incidence Cooperative Agreement (LICA) to exchange information on my child as indicated below:

Check one or both:

Release Records to: Receive Records from:

Name: Central Pathways

Address: 1500 Shermer Road, Suite LL-28

City: Northbrook

State/Zip: Illinois 60067

Telephone: (847) 564-2227

Fax: (847) 564-2228

It is requested that the following information be sent to assist in educational planning and coordination of services **(check all that apply)**:

<input checked="" type="checkbox"/> Psychological	<input checked="" type="checkbox"/> Educational
<input checked="" type="checkbox"/> Social Work	<input checked="" type="checkbox"/> Audiologic
<input type="checkbox"/> Psychiatric	<input checked="" type="checkbox"/> Speech and Language
<input type="checkbox"/> Medical/Hospital	<input checked="" type="checkbox"/> Other: <u>MDC; IEP</u>

Parent/Guardian Signature: _____ Date: _____

***** THIS FORM IS VALID FOR ONE ACADEMIC YEAR *****

NOTE: Parents, guardians, students over 18 years of age, or legal representatives will be granted access to all materials contained in the above-named student's LICA file (per state and federal law). Accordingly any materials released to LICA will be governed by this policy.