



Education and Early Childhood Development
Child and Student Services

HEAR

(Hearing Education Auditory Resources)
3 Brighton Road
Charlottetown, PE C1A 8T6
Tel: (902) 368-4638 / Fax: (902) 569-7532

Referral for Services for School-Aged Children

Student Information

Student's Name: (Last) _____ (First) _____ (Middle) _____

Birthdate: (Month) _____ (Day) _____ (Year) _____

Name of Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Signature: _____

Address: (Street/PO Box) _____

(City/Town) _____ (Prov.) _____ (Postal Code) _____

Telephone: (Home) _____ (Work) _____ Email: _____

School Information

Name of School: _____ Principal: _____

Address: (Street/PO Box) _____

(City/Town) _____ (Prov.) _____ (Postal Code) _____

Telephone: _____

Classroom Teacher: _____ Student's Grade: _____

Reason for Referral: _____

Additional Disabilities: _____

N.B. A copy of the most recent audiology report is required. Parents may request a copy be released to HEAR by calling their child's audiologist.

Personal information on this form is collected under section 31 of the *Freedom of information and Protection of Privacy Act* R.S.P.E.I. 1988, c.F-15.01, as it relates directly to and is necessary for access to Hearing Education Auditory Resources (HEAR) services. If you have any questions about this collection of personal information, you may contact the HEAR Provincial Supervisor at (902)368-4638.