

**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD  
ASSESSMENT FOR HEARING IMPAIRED STUDENTS (TO BE  
COMPLETED BY HEARING IMPAIRED SPECIALIST)**

**SE 40**

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Birth (yyyy-mm-dd):**    **Age: (As of Sept. 1):**

**Parent/ Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Summary of Audiology Report and Recommendations of Hearing Impaired Specialists:**

**Summary of Program Needs from Hearing Impaired Specialists:**

**Recommendations of School Personnel:**

**Statement of IPRC:**

**Note: Attach Relevant Reports**

**Completed by:** \_\_\_\_\_