

Cheboygan-Otsego-Presque Isle Educational Service District
6065 Learning Lane
Indian River, Michigan 49749
(231) 238-9394

Hearing Impaired Certification Form

Name of Student: _____ **Birthdate:** _____

Date of Evaluation: _____

An otologic examination was completed on the above named individual on _____.
The results indicate a hearing impairment which is not based solely on behavior relating to environmental, cultural, or economic differences.

Health of Ears: _____

Hearing Loss: _____

Does the hearing loss adversely affect his/her educational performance?

Yes _____ No _____

Is the hearing loss permanent? Left ear: Yes ____ No ____ Right Ear: Yes ____ No ____

Comments: _____

Otolaryngologist or otologist printed name: _____

Otolaryngologist or otologist signature: _____ Date: _____

Address: _____ Phone: _____

If your audiologist completed a hearing test, please send a copy of the results (aided and unaided).

Please return to: **Cheboygan-Otsego-Presque Isle Educational Service District**
6065 Learning Lane
Indian River, MI 49749

Original: COP ESD

Copy: Doctor

Updated 1.18.22