Government of South Australia
Department for Education

Early Intervention Deaf/Hard of Hearing Service (EIS D/HH)

DIRECT REFERRAL

Special Education Resource Unit
72a Marlborough Street
HENLEY BEACH SA 5022
T: 8235 2871
E: seru.admin@schools.sa.edu.au

Referral Type ☐ Parent/Carer/Guardian ☐ Preschool/Kindergarten ☐ Children's Centre/Daycare

Date

Child's Name _____ Gender M F

DOB _____

Hearing Loss Information

_____

Parent/Carer/Guardian Name _____

Address _____

Suburb _____ Postcode

Telephone _____ Email _____

Referring Site _____

Contact Name _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Email _____

How did you hear about the Early Intervention Service Deaf/Hard of Hearing?

_____

Has the child been supported by an Early Intervention Service previously? Y N
if yes, please provide information?

_____

Name/contact of supporting health professional (Speech Pathologist, Audiologist)

_____

I give consent for the information I have provided to SERU EIS D/HH to be shared with Hearing Coordinator, Children's Audiology Service, Women's & Children's Health Network. Y N

* Hearing Coordinator receives referrals for all babies and children with a hearing loss in South Australia.

Signed _____ _____ _____
Name Signature Date

PLEASE RETURN TO MANAGER, SPECIAL EDUCATION RESOURCE UNIT