



Department of Communication Sciences and Disorders  
Speech-Language and Hearing Clinic  
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## REQUEST FOR HEARING EVALUATIONS- SPRING 2024

**Date of Request:** \_\_\_\_\_

**Client's Name (print):** \_\_\_\_\_

**Client's Age:** \_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Current Gender Identity:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

\* **Email:** \_\_\_\_\_ \***Cell phone:** \_\_\_\_\_

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**Parent/Caregiver's Name (if child):** \_\_\_\_\_

\* **Email:** \_\_\_\_\_ \***Cell phone:** \_\_\_\_\_

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### **HEARING EVALUATION TIME OPTIONS: Please indicate day/ time preference(s).**

**TUESDAY**    5:30 p.m.    or    6:30 p.m.

**THURSDAY**    5:30 p.m.    or    6:30 p.m.

### **COMMUNICATION CONCERN: Please describe below.**

\_\_\_\_\_  
\_\_\_\_\_

**When was the last evaluation completed?** \_\_\_\_\_ **\*please provide copy of most recent hearing exam if outside of WCU Clinic**