

(First, MI, Last) (Required):

E-Mail Address (Required):

TEA ID Number (Required):

Primary Phone Number:

Date of Evaluation (Required):

Primary language of the person being evaluated (Select one) :

Lip Reading

Sign Language

Spoken Language

Hearing history of person being evaluated:

Age at which hearing loss was apparent:

Age at which hearing loss was medically addressed:

Based on my evaluation the person for whom this evaluation was completed has a hearing impairment so severe that:

They can process auditory

SECTION 1: AUDIOLOGIST INFORMATION

| | |
|--|--|
| Name of Licensed Audiologist Performing the Evaluation | |
| License Number of Audiologist | |
| Audiologist E-mail | |
| Date Evaluation was completed | |
| Audiologist Signature | |

Note: Attach audiogram or other related forms (or true copies)

Texas Administrative Code <https://tea.texas.gov/abouttea/laws-and-rules/sbeerules-tac/sbectac-currently-in-effect/ch230c.pdf>

Submit the audiologist report at the [link](#) found online at:
<https://tea.texas.gov/texas-educators/certification/educator-testing>

The QR code below will take you straight to the [submission form.](#)

