



**Rhode Island Auditory-Oral Program  
Foster Public School Department**

160 Foster Center Road  
Foster, RI 02825  
Telephone 401-952-8025  
<https://riaop.paineschool.org/>

Referring Agency: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referral Contact/Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Does the family have transportation?  Yes  No

IFSP:  Yes  No Initial Assessment Completed:  Yes  No

Audiological assessment completed:  Yes  No

Who is the child's audiologist? \_\_\_\_\_

Does child present with other developmental concerns  Yes  No

If yes, please

explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting documents for referral:**

- |   |   |
|---|---|
| <input type="checkbox"/> Release of Information | <input type="checkbox"/> Appropriate medical records (E.g. ENT reports) |
| <input type="checkbox"/> IFSP                   | <input type="checkbox"/> Developmental Evaluations (SLP, OT, PT)        |
| <input type="checkbox"/> Audiological Records   | <input type="checkbox"/> Other: _____                                   |

Please complete and return this form to

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RI Auditory Oral Program  
Capt. Isaac Paine Elementary School  
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