



Dear Educator:

You may be interested in referring a student for a Central Auditory Processing Deficits CAPD Evaluation. The Special Education team that serves your building should be involved with the referral process and the student being referred should be on an Individual Education Plan (IEP) or have been referred for evaluation to determine eligibility for Special Education Services. CAPD assessment is considered a secondary assessment as students must qualify for services either under a Specific Learning Disability or Speech Language Impairment.

Please return the completed CAPD referral form along with the Classroom Performance Impact Questionnaires (CPIQs are available on the Audiology and Speech Language Pathology Google Sites) and an observation with time-on-task report, should you decide to refer the student. Please fill out the referral completely providing test scores for the areas outlined. Incomplete referrals will be returned if scores are not provided as this allows the audiologist to see the areas of concern, the norm referenced scores for the child compared to his/her peers and most importantly the areas of impact. Send the completed CAPD referral to the audiologist that serves the student's school.

If the student has been diagnosed/suspected to have either ADHD/ADD or a global language deficit please contact your audiologist to discuss further. CAPD is a deficit in neural processing of auditory stimuli that is not due to higher order language, cognitive, or related factors. (2005 ASHA Technical Report on CAPD.) Should you receive a private CAPD report on a student, please contact your school audiologist directly prior to completing a referral to expedite the process.

Once the completed CAPD referral, CPIQ, and Observation Report is sent to the audiologist, the audiologist will do their best to respond to you within **5** days regarding the next steps. Please contact your audiologist if you should have further questions. Thanks for considering this child for a CAPD evaluation.

Sincerely,

The DCSD Audiologists

Lorrie Baptiste, AuD	Cara Fiske, AuD	Jodi Heimer, AuD	Jodi Little, AuD	Lois Look, MA
303.681.1606	303.660.1982	303.325.1421	303.681.8652	720.660.3872
Mail: ECC-N	Mail: ECC-S	Mail: ECC-N	Mail: PLI	Mail: ECC-S



## SECONDARY REFERRAL-CENTRAL AUDITORY PROCESSING DISORDERS

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent permission for APD testing granted: ☐ Needs to be contacted: ☐  
 A full multi-disciplinary assessment has been completed within past 3 years ☐ Date: \_\_\_\_\_  
 Initial Staffing/Annual Date: \_\_\_\_\_ Prim. disability: \_\_\_\_\_ Sec. disability: \_\_\_\_\_

Please confirm ALL of the following and provide details:

Referral criteria	
<input type="checkbox"/> Age 5 or older <input type="checkbox"/> Passed hearing screening in past year <input type="checkbox"/> English is primary language <input type="checkbox"/> Other languages spoken _____ <input type="checkbox"/> Language testing complete <input type="checkbox"/> Intelligible speech/Speech testing complete <input type="checkbox"/> Cognitive function (non-verbal scales) in normal range <input type="checkbox"/> CPIQ(s) <input type="checkbox"/> Observation including time on task _____% large group _____% sm. Group _____% indep. work _____% transitions	SCAN-3: ____ AFG/8 SS ____ FW SS ____ CW-DE SS ____ CS SS ____ CW-FW SS ____ AFG/12 SS ____ AFG/0 SS ____ TCS SS ____ Composite SS ____ Composite % CELF5: ____ Rec. ____ Exp. ____ Total ____ Communication Rating Scale _____ LAT/GFTA3 score _____ ____ verbal ____ non-verbal ____ spatial COGNITIVE ASSESSMENT _____ ____ spatial ____ working memory ____ proc. speed

### Additional conditions/considerations:

- ☐ ADHD is a concern but student has significantly more difficulty with auditory attention
- ☐ Language skills are weak but student has even significantly more difficulty listening/recalling  
In large group setting then in small group and 1:1 settings

### Reason for Referral: (check those that apply)

- ☐ ADHD has been ruled out yet auditory attention concerns are evident
- ☐ Language processing scores are age appropriate yet listening concerns are evident
- ☐ Decline in assessment scores from previous re-evaluation or other results
- ☐ Lack of progress or SLP requires additional information to plan program for child
- ☐ Updated testing (prior APD testing from private sector attached)
- ☐ Parent request
- ☐ Other: \_\_\_\_\_

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