



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Parent,

Thank you for inquiring about an Auditory Processing evaluation for your child. At this time, we ask that you obtain the following information and fax or mail it to our Center at University Medical Center at Stony Brook, 33 Research Way, East Setauket, 11733 Fax 631-444-4582.

- Completed enclosed case history form
- Previous evaluations (Speech, psychological, educational)
- Individualized Educational Program (IEP) if appropriate
- Prescription for Auditory Processing Evaluation from the referring physician.

Once these are received, the information will be reviewed and you will be contacted. Thank you for choosing the Speech, Language and Hearing Department at Stony Brook University Medical Center.