



EARLY HEARING DETECTION AND INTERVENTION (EHDI) PROGRAM
EI Enrollment Form

EI enrollment reporting is now done through the Early Hearing Detection and Intervention Information System (EHDI-IS) through the audiologist direct referral process and ecWeb data matching and import. If this is not available, please fax the following information to the EHDI Program at **971-673-0251**.

Child's Last Name:	First Name:
Date of Birth:	Birth Hospital:
Parent/Guardian/Primary Contact:	Address: City/State/Zip Code:
Primary Language:	Phone Number:

Eligible for EI: Yes No Consent not obtained

Type of Eligibility: Developmental Delay Hearing Impairment Not eligible

Reason Not Eligible: No Loss Didn't meet criteria Refused services Unable to contact

Enrolled in EI: Yes No

Enrollment Date: _____

IFSP Date: _____

If child is enrolled, please complete the following sections:

- 1. Hearing Loss:** Unilateral Left Unilateral Right Bilateral

Conductive Sensorineural Mixed

 10-15 dB (Normal) Left Right

 16-25 dB (Slight) Left Right

 26-40 dB (Mild) Left Right

 41-55 dB (Moderate) Left Right

 56-70 dB (Moderately Severe) Left Right

 71-90 dB (Severe) Left Right

 91+ dB (Profound) Left Right
- 2. Communication:** American Sign Language Auditory Oral/Auditory Verbal

Cued Speech Total Communication

Unknown Other:
- 3. Hearing Assistance Technology:** Hearing Aid Cochlear Implant FM/DM System

Unknown Other:

4. Comments / Notes: