

Registration for the Beratungsstelle für hörbehinderte Kinder und Jugendliche

Please send the registration to the **location of your choice**.

Beratungsstelle für hörbehinderte Kinder und Jugendliche

**Petersburger Str. 94
10249 Berlin-Friedrichshain**

Tel. 030 902982824

Fax. 030902982060

hoerberatung@ba-fk.berlin.de

Beratungsstelle für hörbehinderte Kinder und Jugendliche

**Paster-Behrens-Str. 81
12359 Berlin-Neukölln**

Tel. 030 60972500

Fax. 030 60972501

auris@ba-fk.berlin.de

Information about the child:

Family name:

First name:

Date of birth:

Gender: m f div

Street name / number:

Post code: City:

Family name and first name of a parent:

Telephone.:

E-Mail:

In case of institutionalisation:

Name of facility:

Name of contact person:

Telephone:

Who recommended an examination or counseling at the Beratungsstelle?

What type of examination shall be carried out (Please check and fill in)

Newborn hearing screening

not done yet

right side fail left side fail

Hearing Test

why:

APS-Diagnostic (auditory processing disorder)

My child is in the _____ grade.
