



TOOLS for TODDLERS

Helping Babies and Toddlers get a **Strong Start**



EARLY INTERVENTION COMMUNICATION LOG

This form has been created to help therapists, pre-school teachers, and early-intervention professionals document progress and communicate effectively with parents. Please complete and provide to parents so they can carry over instruction at home as well as ask follow up questions.

Child's Name: _____ Age: _____ Date: _____

Therapist Name: _____ Center/Facility: _____

Cochlear Implant (CI): Right Ear Left Ear Both Ears
 Hearing Aid (HA): Right Ear Left Ear Both Ears
 Child used a Roger/FM system during today's session : yes no

Please describe any equipment problems: _____

| Ling Sound Check | ah | eeee | mmm | oo | sh | sssss | (silence) |
|------------------|----|------|-----|----|----|-------|-----------|
| Right Ear | | | | | | | |
| Left Ear | | | | | | | |
| Both Ears | | | | | | | |

- Response Used:
- Behavioral Response**
For example eye widening, quieting, or head turning.
 - Detection Response**
For example dropping a toy in a bucket.
 - Identification Response**
For example pointing to correct picture or repeating.
- Presentation Level:
- Whisper**
 - Normal Voice**
 - Loud Voice**
- Distance:
- 3 feet**
 - 6 feet**
 - 12 feet**
- Reliability:
- Good**
 - Fair**
 - Poor**

Tips for Tots

To download flash cards and instructions on how to complete the Ling Sound Check visit AdvancedBionics/TFS





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SESSION NOTES

Check all that apply: Child was happy upset/tired focused not focused

Things we worked on that went really well: _____

Work on this at home this week: _____

THIS SECTION TO BE FILLED OUT BY PARENT/CARETAKER

Comments and Questions: _____

I have read these notes: _____
Parent/Caretaker Initials

Advanced Bionics

For questions or additional information: Toll Free 1.877.829.0026 TTY 1.800.678.3575 Monday through Friday, 5am to 5pm PST
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