



## Form for recording a child's responses to the Ling Six sounds

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Cochlear Implant (CI):  Right Ear  Left Ear  Both Ears

Hearing Aid (HA):  Right Ear  Left Ear

HA Settings: \_\_\_\_\_

CI Settings: \_\_\_\_\_

- Technique Used:**  Detection  Discrimination  Identification
- Response Used:**  Behavioral  Conditioned Play  Pointing  Repeating
- Presentation Level:**  Whisper  Normal Voice  Loud Voice
- Distance:**  3 feet  6 feet  12 feet
- Reliability:**  Good  Fair  Poor

Ling Sound	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AH							
EE							
OO							
SH							
S							
M							
Silence							

**Note:** Remember to present the Ling Six sounds in random order and to vary your length of presentation so that the child does not provide false positives.

### 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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