



TOOLS for SCHOOLS



SCHOOL INPUT FORM for Cochlear Implant Centers

By Amy McConkey Robbins, MS, CCC-SLP

Dear _____:

Teacher/Therapist

Your student, _____, will be seen for a cochlear implant follow-up visit on

Child's Name

_____. Your feedback about how this child is doing with his/her implant is very important to us. Please take a moment to

Date

complete the this form and fax it to me at _____ by _____.

Fax Number

1 Week Before Visit

1. Does the child wear the CI consistently and without resistance at all times at school/therapy? YES NO
If NO, please describe: _____
2. Based on your knowledge, does the child wear the CI consistently and without resistance at home? YES NO
If NO, please describe: _____
3. What percentage of the time does this child respond to his/her name when called from behind on the first trial, without prompting? _____%
4. How much noticeable difference do you see when this child is wearing versus not wearing the cochlear implant?
 No difference Very little difference Some difference Quite a difference Huge difference
5. Are you pleased with the child's speech progress? YES NO Please comment: _____

6. How would you characterize this child's current speech skills?
 Completely unintelligible Few intelligible words Partially intelligible Mostly intelligible Completely intelligible
7. Please list any noticeable changes in this child's listening or communication skills since his/her last visit to our clinic:

8. How would you compare this child's implant performance to that of other CI children with whom you have worked?

9. How would you characterize this child's current auditory abilities (check all that apply)
 No consistent detection Detection Simple pattern perception Complex pattern perception
 Closed-set word recognition Beginning open-set word recognition Advanced open-set word recognition
10. Please note any concerns or questions you have about this child's cochlear implant or auditory development:

