



Bimodal Technology Summary

Student Name: _____ Date: _____

Right Ear



- AB Cochlear Implant
- Hearing Aid
- Other

Device Name: _____

(For example Naída CI Q90 or Phonak Naída™ Link UP Hearing Aid)

Contact Information for Managing Audiologist:

Center Name: _____

Date of last visit: _____

Date of next visit: _____

Left Ear



- AB Cochlear Implant
- Hearing Aid
- Other

Device Name: _____

(For example Naída CI Q90 or Phonak Naída™ Link UP Hearing Aid)

Contact Information for Managing Audiologist:

Center Name: _____

Date of last visit: _____

Date of next visit: _____

Program Descriptions

Use the table below to fill in the listening situation intended for each program slot. You can choose from the following descriptions or create your own.

- Everyday Listening
- Listening in Noise
- FM/Roger™ System
- T-Coil
- Telephone
- Music
- Auditorium/Lecture Hall
- Listening Focused to the Left
- Listening Focused to the Right
- Focus on One Voice in Noise (StereoZoom)
- Focus on a Few Voices in Noise (UltraZoom)
- Water or Swim

RIGHT EAR	
Program Slot	
1	
2	
3	
4	
5	

LEFT EAR	
Program Slot	
1	
2	
3	
4	
5	



Battery Information

RIGHT EAR

Rechargeable

Disposable

Size : _____

LEFT EAR

Rechargeable

Disposable

Size : _____

Additional Information

RIGHT EAR

Roger™ System/FM

Model /Type : _____

ComPilot Accessory

Remote Control

Other

Additional Information: _____

LEFT EAR

Roger™ System/FM

Model /Type : _____

ComPilot Accessory

Remote Control

Other

Additional Information: _____

Notes/Classroom Accommodations: _____
