



_____ MONTHS/YEARS POST IMPLANT

Child's Name: _____

Date: _____ Next Appointment: _____

Audiologist's Name: _____

Audiologist's Phone: _____

Audiologist's Email: _____

During your child's programming appointment we encourage you to ask your audiologist these questions to assist you in conveying the events of the session back to the child's educational team:

What program changes were made relative to the last programs?

Why were the programs changed in this way?

What effects might be expected from these changes?

What speech and listening behavioral changes should I look for?

What should my child's teachers/therapists be made aware of?



RIGHT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to Use This Program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program 4:	/	/	/	
Program 5:	/	/	/	

Program to use with Roger / FM:* 1 2 3 4 5

LEFT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to Use This Program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program 4:	/	/	/	
Program 5:	/	/	/	

Program to use with Roger / FM*: 1 2 3 4 5

**50/50 mixing ratio recommended for most FM use*

Comments/recommendations:
