Dear Teacher/Therapist:

Your student, ____________________________ , will be seen for a cochlear implant follow-up visit on ___________. Your feedback about how this child is doing with their implant is very important to us. Please take a moment to complete this form and send it to me at ________________ by ____________.

1. Does the child wear the CI system equipment 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 system equipment consistently and without resistance at home?   YES   NO
   If NO, please describe: __________________________________________________________

3. What percentage of the time does this child respond to their name when called from behind on the first try, without prompting? __________ %

4. How much noticeable difference do you see when this child is wearing versus not wearing the CI system equipment?
   - 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 their 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 system or auditory development:
   __________________________________________________________

For questions or additional information:

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