



SCHOOL INPUT FORM for Cochlear Implant Centers

By Amy McConkey Robbins, MS, CCC-SLP, LSLLS, Cert AVT

Dear _____:
Teacher/Therapist

Your student, _____, will be seen for a cochlear implant follow-up visit on _____.
Child's Name Date

complete this form and send it to me at _____ by _____.
Circle: fax number / email address 1 Week Before Visit

- Does the child wear the CI system equipment consistently and without resistance at all times at school/therapy? YES NO
If NO, please describe: _____
- Based on your knowledge, does the child wear the CI system equipment consistently and without resistance at home? YES NO
If NO, please describe: _____
- What percentage of the time does this child respond to their name when called from behind on the first try, without prompting? _____ %
- 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
- Are you pleased with the child's speech progress? YES NO Please comment: _____

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

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

- 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
- Please note any concerns or questions you have about this child's cochlear implant system or auditory development:

For questions or additional information:

Toll Free Phone: 1-877-829-0026
TTY: 1-800-678-3575
Monday Through Friday, 5am to 5pm PST

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