



TOOLS for SCHOOLS



HOME AND SCHOOL Communication Log

To be completed each night by the parent/caregiver and sent to school with the child each morning.

PARENT/CARETAKER

Notes from home:

Ling Sound Test	ah	eeee	oo	sh	sssss	mmm	(silence)
Detected							
Identified							

Cochlear implant settings:

Notes from private therapists:

Notes regarding upcoming or recent mapping appointments:

Memorable cochlear implant moment:

I have read these notes from home: _____

School Support Initials



TOOLS for SCHOOLS



HOME AND SCHOOL Communication Log

Please complete this log daily and send home with the child so that the parent(s)/caregiver(s) can review the events of the child's day and address any concerns you may have before the child arrives at school the next day.

SCHOOL

(Circle one) CI was: working / not working properly today.

(Circle one) FM was: working / not working properly today.

Please describe any equipment problems:

Ling Sound Test	ah	eeee	oo	sh	sssss	mmm	(silence)
Detected							
Identified							

Cochlear implant was worn all day except:

- No Exceptions Gym Lunch Nap Playground Other

(Circle one) Child was: happy / upset / tired / focused / not focused

Services received today:

- Speech Therapy OT or PT Reading Specialist Deaf/HoH teacher Other

Today, your child:

I have read these notes from school: _____

Parent/Caretaker Initials