



# TOOLS for SCHOOLS



## COCHLEAR IMPLANT Programming Record

\_\_\_\_\_ 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?

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Why were the programs changed in this way?

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What effects might be expected from these changes?

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What speech and listening behavioral changes should I look for?

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

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RIGHT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to use this program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program to use with FM:* 1 2 3				
LEFT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to use this program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program to use with FM*: 1 2 3				

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

## Comments/recommendations:

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