



Form for recording a child's responses to the Ling Six sounds

Child's Name: _____ Age: _____ Date: _____

Cochlear Implant (CI): Right Ear Left Ear Both Ears

Hearing Aid (HA): Right Ear Left Ear

HA Settings: _____

CI Settings: _____

- Technique Used:** Detection Discrimination Identification
- Response Used:** Behavioral Conditioned Play Pointing Repeating
- Presentation Level:** Whisper Normal Voice Loud Voice
- Distance:** 3 feet 6 feet 12 feet
- Reliability:** Good Fair Poor

Ling Sound	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AH							
EE							
OO							
SH							
S							
M							
Silence							

Note: Remember to present the Ling Six sounds in random order and to vary your length of presentation so that the child does not provide false positives.

Advanced Bionics

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