



## 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:

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Next appointment with cochlear implant center: \_\_\_\_\_

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

Cochlear implant settings:

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Notes from private therapists:

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Notes regarding upcoming or recent mapping appointments:

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Memorable cochlear implant moments:

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I have read these notes from school: \_\_\_\_\_

School Support Initials



## 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) Roger / FM was: working / not working properly today.

Please describe any equipment problems:

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

Cochlear implant system 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:

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I have read these notes from school: \_\_\_\_\_

Parent/Caretaker Initials

[AdvancedBionics.com](http://AdvancedBionics.com)  
[www.AdvancedBionics.com](http://www.AdvancedBionics.com)

For questions or additional information:

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

[CustomerService@AdvancedBionics.com](mailto:CustomerService@AdvancedBionics.com)  
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