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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Next appointment with cochlear implant center: __________________________________

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<thead>
<tr>
<th>Ling Six Sound Test</th>
<th>ah</th>
<th>eeee</th>
<th>oo</th>
<th>sh</th>
<th>sssss</th>
<th>mm</th>
<th>(silence)</th>
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Cochlear implant settings:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Notes from private therapists:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Notes regarding upcoming or recent mapping appointments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Memorable cochlear implant moments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I have read these notes from school: ______________________

School Support Initials

Please see School Communication Log on next page
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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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:

__________________________________________________________________________

__________________________________________________________________________

I have read these notes from school: _______________________________________

Parent/Caretaker Initials

AdvancedBionics.com
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
ToolsForSchools@AdvancedBionics.com