

SECTION 1:

STUDENT BACKGROUND SUMMARY

THIS SECTION SHOULD BE COMPLETED BY THE GUIDELINES COORDINATOR.

STUDENT'S NAME:		DATE COMPLETED:	
DOB:	AGE:	GRADE:	
PERSON COMPLETING THIS FORM:			
WITH INPUT FROM (NAME AND RELATIONSHIP TO STUDENT):			

I. Pre-Cochlear Implantation *(Please refer to the Glossary in Appendix F for clarification of terms.)*

Age at which hearing loss was identified:
Age at which first fit with amplification:
Ear fit with amplification: Right Left Bilateral
Describe consistency of amplification use pre-implant:
Describe communication history pre-implant. Describe any languages or modalities used:
Use of assistive listening devices pre-implant (e.g., frequency-modulated [FM], infrared, Direct Audio Connect)? Yes No
If yes, then type of assistive listening devices:

II. Home Communication *(This section should be completed with parent input.)*

Primary language used in the home:
Other languages used in the home:
Describe how the child communicates at home:

III. Post-Cochlear Implantation (CI)

Age at implantation: Right ear: Device:
Left ear: Device:
If the child wears one cochlear implant, is the other ear aided? Yes No
Currently, when is the CI typically worn?
Describe the consistency of CI use:
Use of assistive listening devices: Yes No If yes, then type of assistive listening devices:
Describe language supports which provide access to the academic program:

Describe how the current technology provides access to the academic program:

IV. Documented additional IFSP/IEP or 504 plan disability and/or medical concerns or other factors: