Cincinnati Children's

Cochlear Implant Team
Educator's Cochlear Implant Evaluation

Child's Name: _____
DOB: _____
MRN: _____

This form must be completed by your child's teacher/speech therapist or Early Interventionist/Help Me Grow/Regional Infant Hearing Program representative.

School/Program name: _____

Is your school program? (Check one) ☐ Oral ☐ Total Communication (TC) ☐ Manual

1. Does the child wear a: (check one) ☐ Hearing Aid (HA) ☐ FM system ☐ Both

What type/brand? _____

2. Describe the child's amplification use within the setting that you see the child: _____

3. Describe the child's main mode of communication: _____

4. Describe the child's auditory progress with the current amplification: _____

5. Describe any physical or cognitive disabilities impacting the child's progress: _____

6. What support services are offered to this child at your school or by your program? _____

7. Describe the child's speech and language abilities (please enclose a copy of the IFSP, IEP / Multi-Factored Evaluation (MFE)): _____

8. Describe the child's attendance history: _____

9. Describe the parent's involvement: _____

10. Describe your impression of the child's and family's expectations of the cochlear implant: _____

Please provide us with the following information so that we may keep you informed of the child's progress in the cochlear implant evaluation process.

Name: _____ Title: _____

Phone Number: _____

Email address: _____

School Name: _____

School Address: _____

School Phone: _____

Should the child receive a cochlear implant, would you be interested in training regarding the devices and troubleshooting? ☐ Yes ☐ No

Child's Name: _____

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Please make copies of this form to give to other professionals working with the child at your facility.

Additional comments regarding the child and the cochlear evaluation process: _____

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Signature of Person Completing Form Print Name Date

Please mail or fax to:
Operations Coordinator, Cochlear Implant Team
Children's Hospital Medical Center
3333 Burnet Ave. ML 2002
Cincinnati, OH 45229
Fax: 513-636-7316