

IN – SCHOOL HEARING AID CHECK

TO: PARENT/GUARDIAN

RE: Student Name _____

A HEARING AID CHECK WAS PERFORMED IN SCHOOL TODAY(_____).
FINDINGS AND RECOMMENDATIONS ARE AS FOLLOWS: (Date)

Please circle right or left when necessary

- _____ Hearing aid (**right / left**) in good working order.
- _____ Student did not bring (**right / left**) hearing aid(s) to school. Please send aid(s) to school every day.
- _____ (**Right / left**) hearing aid(s) reported as lost. (#: _____)
- _____ Battery dead, _____.
- _____ (**Right / left**) earmold(s) no longer fit properly, _____.
- _____ (**Right / left**) earmold lost. Please look for it at home.
- _____ There is too much wax in the (**right / left**) ear(s). Referral to the doctor for wax removal is recommended. _____
- _____ **Right / left** earmold tubing was replaced today/needs to be replaced.
- _____ Student complained of earache in the (**right / left**) ear today.

- _____ Please call me as soon as possible.

Hearing aid has the following problem(s). Please contact your hearing aid dispenser.

RIGHT
Model: _____
Serial #: _____

LEFT
Model: _____
Serial#: _____

- _____ Intermittent Function
- _____ Distortion
- _____ Low Gain
- _____ Low Output
- _____ Battery Case Corroded
- _____ Battery Case Broken
- _____ Switch Broken

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- _____ Low Output
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_____ Other: _____

AUDIOLOGIST: _____

PHONE: _____