

CI Center/Educational Facility/Parent Information Exchange

This form has been designed to facilitate communication among the child's cochlear implant center, school personnel, and parents. Please keep a copy of this form in the child's folder at each location and use it to evaluate and monitor performance to assist with programming adjustments.

Date Completed: _____ Child/Student: _____ DOB: _____ Age: _____

Cochlear Implant Make/Model: Right Ear _____ Date of Activation: _____

Left Ear _____ Date of Activation: _____

Hearing Aid: _____ Serial #: _____ Ear: _____

SCHOOL PERSONNEL

Primary Contact: _____ Title: _____

Educational Facility: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Best way to communicate: phone fax email Best time to communicate: _____

Teacher: _____ Email: _____

COCHLEAR IMPLANT CENTER AUDIOLOGIST

Center Name: _____ Audiologist: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Best way to communicate: phone fax email Best time to communicate: _____

APPOINTMENTS/CURRENT CONCERNS

Appointment Date at CI Center: _____

Reason for Appointment: routine mapping specific concerns from parent/educational facility

Specific Concerns: (Check all that apply and provide samples or details)

Change in speech production (i.e., articulation errors/substitutions): _____

Change in sound awareness: _____

Change in processor settings: _____

Change in classroom or therapy behavior: _____

Equipment problems: _____

ADDITIONAL INFORMATION FROM EDUCATIONAL FACILITY TO CI CENTER

Student attends school: never/rarely sometimes almost always

Student arrives with processor and working and wears it: never/rarely sometimes almost always

Student wears hearing aid on non-implanted ear: never/rarely sometimes almost always

Technology provided in the educational setting: personal FM classroom FM Other

Student performance suggests CI worn consistently at home Yes No

COMMUNICATION STRATEGIES USED AT SCHOOL

verbalizations sign language/gesture uses an interpreter
 _____ # of words/utterance

SERVICES PROVIDED IN THE EDUCATIONAL SETTING

Next IFSP/IEP Review: _____

ADDITIONAL INDICATORS FOR REFERRAL TO IMPLANT CENTER ¹

School and/or parents should return to the CI facility for adjustment or consultation when any of the following are noted.

	School	Parent
Decrease in auditory responsiveness or change in attending behavior		
Change in frequency of vocalization, voice quality and/or vocal intensity		
Reduction in distance hearing		
Increased requests for repetition or use of "What?" or "Huh?"		
Emergence of persistent disruptive or withdrawn behavior		
"Slushy" production of formerly mastered speech sounds		
Omission or confusion of consonants that were formerly present		
Prolongation of vowels		
Any signs of physical discomfort or skin irritation associated with the implant		
Aversion to sound or reluctance to wear processor		
Presence of facial nerve stimulation (eye or facial muscle twitches, etc.)		
Lack of progress		
Other		

¹ Adapted from Marilyn Neault, Ph.D., The Children's Hospital of Boston

To be completed by Cochlear Implant Center

NEW SETTINGS FOR PROCESSOR (S)

Right: Prg. _____ Mic _____ Volume _____
Left: Prg. _____ Mic _____ Volume _____
Comments: _____

ASSESSMENT DATA WITH NEW SETTINGS

Responses w/CI: _____ 250 _____ 500 _____ 1K _____ 2K _____ 3K _____ 4K _____ 6K

SAT/SRT: _____ Word Recognition: _____ at _____ dBHL
_____ at _____ dBHL

MLNT HINT Other _____

ADDITIONAL EQUIPMENT

Do processor settings accommodate a personal FM? Yes No

Should personal FM be considered/continued? Yes No

Recommendations for personal FM equipment: _____

Is hearing aid recommended for non-implanted ear? Yes No

RECOMMENDATION FOR RETURN APPOINTMENT

3 months 6 months 1 year Other: _____

PARTICIPATION IN IFSP/IEP MEETINGS

Would you be available via telephone conference call? Yes No

Best days/times: _____

ADDITIONAL COMMENTS FROM CI CENTER

Please return this page to _____ at _____.