

HEARING AID/COCHLEAR IMPLANT (CI)/Personal FM
 (circle appropriate device)
MONITORING SHEET

Student _____ School _____ Grade _____
 Person(s) responsible for amplification/CI checks _____ Annual IEP Date _____

IEP specifies checks to be done: _____ Daily _____ Times/Week _____ Times/Month _____ (Other)

Initial and code results of monitoring in the box corresponding to the appropriate date. If the device is not working appropriately, note in the comments section what action was taken; e.g., called parents, replaced battery, etc. Use the following codes to denote findings:

- W = The device appears to be working appropriately.
- N = The device is not working appropriately.
- O = The student is not wearing/using the device.
- X = The student is absent or school is not in session.

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	COMMENTS
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Upon completion of the school year, this form should be attached to the current IEP