

Daily Device Monitoring

Student _____

Device Worn: __CI __HA __BAHA

School _____

Grade _____

Person(s) responsible for amplification/CI checks _____

IEP specifies checks to be done: ___Daily ___Times per Week ___Times per Month

- 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 = Device appears to be **working** appropriately

Ø = Student not wearing/using the device

N = Device is **not working** appropriately

N/A = Student is absent or no school

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	COMMENTS
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												



Upon completion of the school year, this form should be attached to the current IEP

