

**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**