

TRIAL USE OF PERSONAL FM SYSTEM

Teacher Post-Evaluation

On _____ we fit _____ with a personal FM system for a trial period. What we would like to know from you is how the equipment impacts his/her performance in your classroom. Please check the column which best describes this student's performance in your classroom since the FM system was fit.

Student's Name _____ Grade _____ Date _____

Teacher's Name _____

Subject/Class (if secondary) _____

| | Identified as a concern | Improvement noted | No change noted |
|---|----------------------------|----------------------|--------------------|
| Consistently responds to voice | _____ | _____ | _____ |
| Attends to voice from a distance | _____ | _____ | _____ |
| Understands stereotypical phrases (Close the door, "Turn off the lights") presented orally. | _____ | _____ | _____ |
| Follows simple directions in small groups | _____ | _____ | _____ |
| Follows simple directions in large groups | _____ | _____ | _____ |
| Follows directions after repetition | _____ | _____ | _____ |
| Follows directions after rephrasing | _____ | _____ | _____ |
| Overall academic functioning | _____ | _____ | _____ |
| Completion of in-class assignments | _____ | _____ | _____ |
| Attention span | _____ | _____ | _____ |
| Volunteers answers/comments | _____ | _____ | _____ |
| Completion of homework | _____ | _____ | _____ |
| Strained behavior while attending to speaker | _____ | _____ | _____ |
| Frustration | _____ | _____ | _____ |
| Peer interactions | _____ | _____ | _____ |

We would also like your input regarding this student's responsibility toward FM use and how he/she is adjusting to the equipment. The time periods listed are simply to help us quantify problems that may be occurring.

** Have you ever noticed that the student turned the receiver off during instructional activities?
_____yes _____no How many times (in a 5 day period)? _____

** Does the student "play" with the equipment: e.g. continually adjusting it? _____yes
_____no How many times (in a 5 day period)? _____

** Does the student complain about wearing the equipment? _____yes _____no
How many times (in a 5 day period)? _____

** How do you think the student's classmates view his/her use of the FM system?
_____ positive/supportive _____ negative/teasing _____ indifferent

** Did the student successfully transfer the transmitter from class to class?
_____ yes _____ no

** Did you experience problems/difficulties wearing the transmitter? _____ yes _____ no
Please explain _____

Suggestions for _____'s greater success in your classroom (check all that apply):

- _____ participate more in class discussions
- _____ complete homework assignments
- _____ meet class deadlines
- _____ prepare more for tests
- _____ maintain regular attendance
- _____ maintain punctuality
- _____ make better use of study time
- _____ develop better study habits

Additional comments/concerns about _____'s use of personal FM system:

Thank you for your time and input. Please return to: _____
