



HOME AND SCHOOL Communication Log

To be completed each night by the parent/caregiver and sent to school with the child each morning.

PARENT/CARETAKER

Notes from home:

Next appointment with cochlear implant center: _____

Ling Six Sound Test	ah	eeee	oo	sh	sssss	mmm	(silence)
Detected							
Identified							

Cochlear implant settings:

Notes from private therapists:

Notes regarding upcoming or recent mapping appointments:

Memorable cochlear implant moments:

I have read these notes from school: _____

School Support Initials



HOME AND SCHOOL Communication Log

Please complete this log daily and send home with the child so that the parent(s)/caregiver(s) can review the events of the child's day and address any concerns you may have before the child arrives at school the next day.

SCHOOL

(Circle one) CI was: working / not working properly today.

(Circle one) Roger / FM was: working / not working properly today.

Please describe any equipment problems:

Ling Six Sound Test	ah	eeee	oo	sh	sssss	mmm	(silence)
Detected							
Identified							

Cochlear implant system was worn all day except:

- No Exceptions
 Gym
 Lunch
 Nap
 Playground
 Other

(Circle one) Child was: happy / upset / tired / focused / not focused

Services received today:

- Speech Therapy
 OT or PT
 Reading Specialist
 Deaf/HoH teacher
 Other

Today, your child:

I have read these notes from school: _____

Parent/Caretaker Initials

AdvancedBionics.com
www.AdvancedBionics.com

For questions or additional information:

Toll Free Phone: 1-877-829-0026
TTY: 1-800-678-3575
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