



\_\_\_\_\_ MONTHS/YEARS POST IMPLANT

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Next Appointment: \_\_\_\_\_

Audiologist's Name: \_\_\_\_\_

Audiologist's Phone: \_\_\_\_\_

Audiologist's Email: \_\_\_\_\_

*During your child's programming appointment we encourage you to ask your audiologist these questions to assist you in conveying the events of the session back to the child's educational team:*

What program changes were made relative to the last programs?

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Why were the programs changed in this way?

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What effects might be expected from these changes?

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What speech and listening behavioral changes should I look for?

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What should my child's teachers/therapists be made aware of?

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RIGHT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to Use This Program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program 4:	/	/	/	
Program 5:	/	/	/	

Program to use with Roger / FM:\* 1 2 3 4 5

LEFT EAR:	Mixing Ratio	Volume Setting and Range	Sensitivity Setting and Range	When to Use This Program
Program 1:	/	/	/	
Program 2:	/	/	/	
Program 3:	/	/	/	
Program 4:	/	/	/	
Program 5:	/	/	/	

Program to use with Roger / FM\*: 1 2 3 4 5

*\*50/50 mixing ratio recommended for most FM use*

**Comments/recommendations:**

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