

Date:

Student:

District:

Itinerant teacher:

Audiologist:

ECSE Ear Level Receiver Request Guidelines

Please answer yes or no to the following criteria and review with the child's audiologist.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | This student will have a dedicated staff member to manage ALD equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | With training, staff at the student's school are ready and capable of providing necessary ALD support and using the devices appropriately. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student consistently wear personal amplification (hearing aids, CI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/caregiver/preschool is requesting to use personal ALD equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Current equipment is not appropriate or successful for the student. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the child had a hearing evaluation in the last year to inform our decision:
Date _____ |

Other pertinent information:(ie: are there safety concerns in the classroom; changing staff)

Student's Current Equipment:

ALD system being requested _____

Audio Shoes needed? _____

Audiologist Signature: _____

ToD Gave this form to Linda on _____

Supervisor Signature for approval _____

KC 11/6/2018

KK 9/2021