

Date:

Student:

District:

Itinerant teacher:

Audiologist:

School Age FM Ear Level Request Guidelines:
Is my student a candidate for ear level receivers?

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 moves from class to class and does not spend the majority of the day in one classroom (e.g. Middle School and High School students, or works with several teachers on a regular basis). |
| <input type="checkbox"/> | <input type="checkbox"/> | This student shows consistent ability to take care of their hearing aids or current technology. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff at the student's school are ready and capable of providing necessary FM support and using the devices appropriately. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student and staff have a consistent history of maintaining equipment and they do not regularly lose equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student is requesting and/or motivated to use and maintain personal FM equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student is not successful with FM equipment currently in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the child had a hearing evaluation in the last year to inform our decision:
Date of last hearing test: _____ |

Other pertinent information: (i.e. is the student transitioning to a new school and/or schedule)

Student's Current Equipment:

FM system being requested _____

Audio Shoes needed? _____

Audiologist Signature: _____

ToD Gave this form to Linda on _____

Supervisor Signature for approval _____