



## SCHOOL INPUT FORM for Cochlear Implant Centers

By Amy McConkey Robbins, MS, CCC-SLP, LSLs, Cert AVT

Dear \_\_\_\_\_:  
Teacher/Therapist

Your student, \_\_\_\_\_, will be seen for a cochlear implant follow-up visit on \_\_\_\_\_.  
Child's Name Date

complete this form and send it to me at \_\_\_\_\_ by \_\_\_\_\_.  
Circle: fax number / email address 1 Week Before Visit

1. Does the child wear the CI system equipment consistently and without resistance at all times at school/therapy?  YES  NO  
If NO, please describe: \_\_\_\_\_
2. Based on your knowledge, does the child wear the CI system equipment consistently and without resistance at home?  YES  NO  
If NO, please describe: \_\_\_\_\_
3. What percentage of the time does this child respond to their name when called from behind on the first try, without prompting? \_\_\_\_\_ %
4. How much noticeable difference do you see when this child is wearing versus not wearing the CI system equipment?  
 No difference  Very little difference  Some difference  Quite a difference  Huge difference
5. Are you pleased with the child's speech progress?  YES  NO Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How would you characterize this child's current speech skills?  
 Completely unintelligible  Few intelligible words  Partially intelligible  Mostly intelligible  Completely intelligible
7. Please list any noticeable changes in this child's listening or communication skills since their last visit to our clinic:  
\_\_\_\_\_  
\_\_\_\_\_
8. How would you compare this child's implant performance to that of other CI children with whom you have worked?  
\_\_\_\_\_  
\_\_\_\_\_
9. How would you characterize this child's current auditory abilities (check all that apply)?  
 No consistent detection  Detection  Simple pattern perception  Complex pattern perception  
 Closed-set word recognition  Beginning open-set word recognition  Advanced open-set word recognition
10. Please note any concerns or questions you have about this child's cochlear implant system or auditory development:  
\_\_\_\_\_  
\_\_\_\_\_

For questions or additional information:

Toll Free Phone: 1-877-829-0026  
TTY: 1-800-678-3575  
Monday Through Friday, 5am to 5pm PST

[CustomerService@AdvancedBionics.com](mailto:CustomerService@AdvancedBionics.com)  
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