|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEK OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **M** | **TU** | **W** | **TH** | **F** | **NOTES**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WEARS AID(S) |  |  |  |  |  |
| BATTERY OK |  |  |  |  |  |
| HA LISTENING CHECK (LING SOUNDS)🞎 Student wearing device🞎 Stethoscope | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M |
| FM LISTENING CHECK  |  |  |  |  |  |
| ACTION (Call parent, call Audiology, etc.) |  |  |  |  |  |
| OTHER |  |  |  |  |  |
| **WEEK OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **M** | **TU** | **W** | **TH** | **F** |
| WEARS AID(S) |  |  |  |  |  |
| BATTERY OK |  |  |  |  |  |
| HA LISTENING CHECK (LING SOUNDS)🞎 Student wearing device🞎 Stethoscope | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M |
| FM LISTENING CHECK  |  |  |  |  |  |
| ACTION (Call parent, call Audiology, etc.) |  |  |  |  |  |
| OTHER |  |  |  |  |  |
| **WEEK OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **M** | **TU** | **W** | **TH** | **F** |
| WEARS AID(S) |  |  |  |  |  |
| BATTERY OK |  |  |  |  |  |
| HA LISTENING CHECK (LING SOUNDS)🞎 Student wearing device🞎 Stethoscope | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M |
| FM LISTENING CHECK  |  |  |  |  |  |
| ACTION (Call parent, call Audiology, etc.) |  |  |  |  |  |
| OTHER |  |  |  |  |  |
| **WEEK OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **M** | **TU** | **W** | **TH** | **F** |
| WEARS AID(S) |  |  |  |  |  |
| BATTERY OK |  |  |  |  |  |
| HA LISTENING CHECK (LING SOUNDS)🞎 Student wearing device🞎 Stethoscope | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M | AH / ESH / US / M |
| FM LISTENING CHECK  |  |  |  |  |  |
| ACTION (Call parent, call Audiology, etc.) |  |  |  |  |  |
| OTHER |  |  |  |  |  |

**Daily Hearing Aid/FM Check Chart**

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NAME (L, F, M) | DOB | GRADE | SEX |
| SCHOOL | STUDENT # | DATE OF LAST AUDIO |
| STAFF RESPONSIBLE/TITLE | CURRENT DATE |
| RIGHT HEARING AID MAKE | MODEL | SERIAL # |
| LEFT HEARING AID MAKE | MODEL | SERIAL # |
| TRANSMITTER MAKE | MODEL | SERIAL # |
| RECEIVER(S) MAKE | MODEL | SERIAL # |

REV 5/1/10