|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEK OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **M** | **TU** | **W** | **TH** | **F** | **NOTES**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WEARS AID(S) |  |  |  |  |  |
| BATTERY OK |  |  |  |  |  |
| HA LISTENING CHECK (LING SOUNDS)  🞎 Student wearing device  🞎 Stethoscope | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / 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 / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / 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 / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / 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 / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / M | AH / E  SH / U  S / 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