

About My Hearing

Name _____

I. I have a hearing loss in...

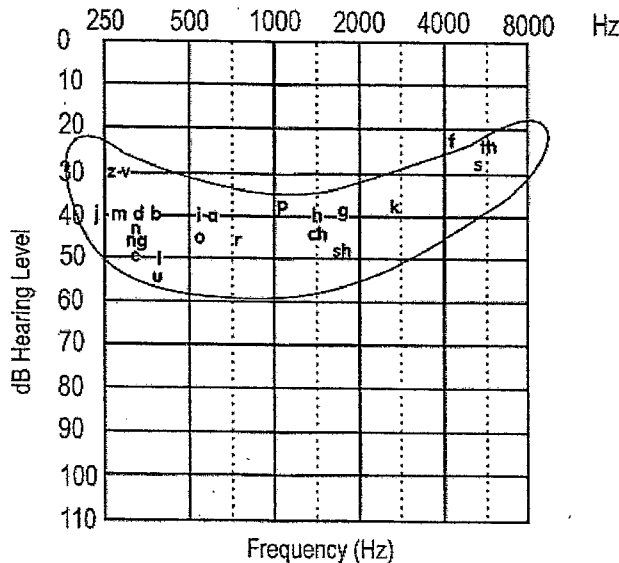
- my right ear
- my left ear
- both ears

II. Assistive listening device(s) I use:

- | | | | |
|---|-------|------|------|
| <input type="checkbox"/> hearing aid(s) | right | left | both |
| <input type="checkbox"/> cochlear implant | right | left | both |
| <input type="checkbox"/> FM system | right | left | both |
| <input type="checkbox"/> other _____ | right | left | both |

III. My hearing levels (in decibels):

	<u>500 Hz</u>	<u>1000 Hz</u>	<u>2000 Hz</u>	<u>4000 Hz</u>
right ear	_____	_____	_____	_____
left ear	_____	_____	_____	_____



IV. Accommodations needed: _____

V. How my amplification / accommodations help me: _____
