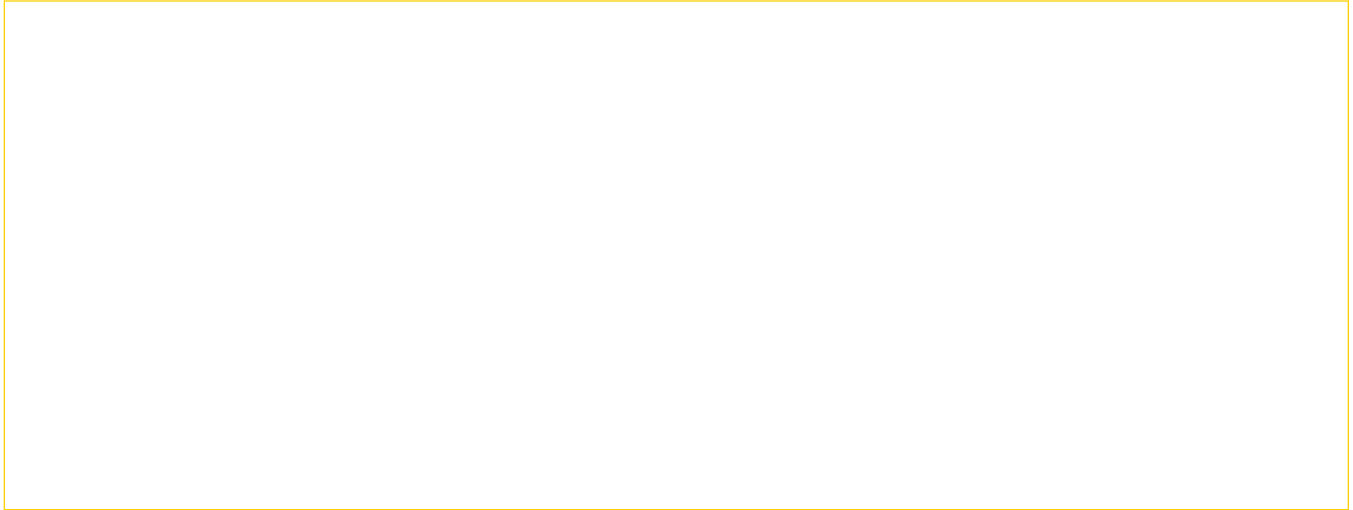


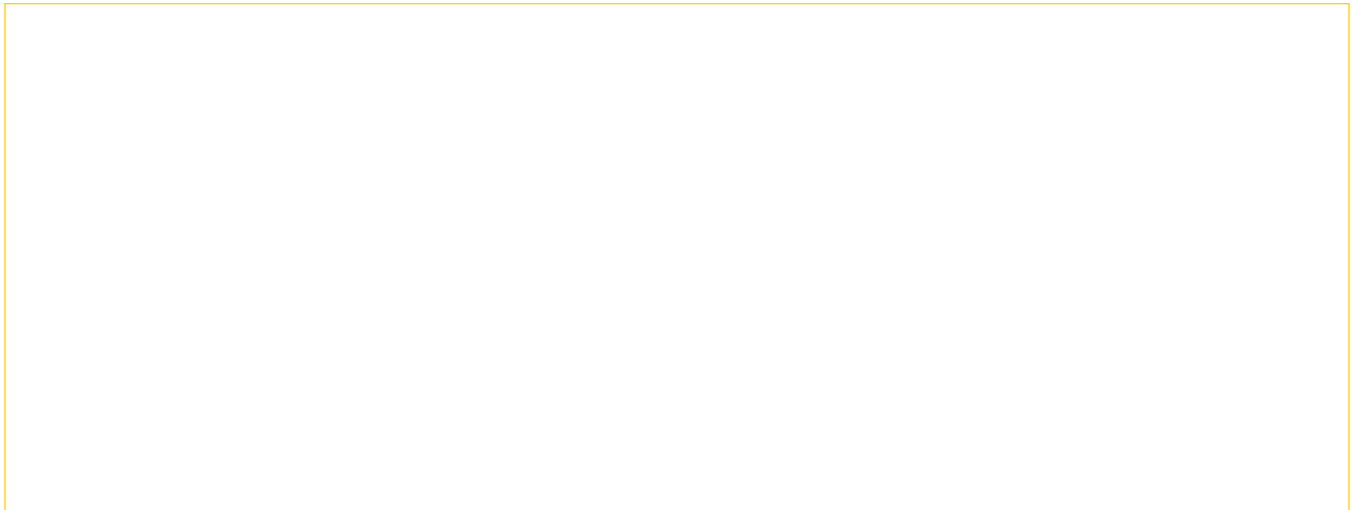
To Wear or Not to Wear?

UE1-I

Name _____



I need to wear my cochlear implant when _____



I do *not* need to wear my cochlear implant when _____
