

## Are my hearing aids are working right?

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Stand behind the child and may make changes to one, both, or neither hearing aid. The child's job is to listen, test with bah, bah, bah, sh, sh, sh and then say if there is something wrong with the hearing aid(s). After more practice, he or she will learn to identify what is wrong.

Mix up the choices below. Do not present all of them each time. The choices are listed in the order that your child should acquire them. Young children (24-48 months) should focus on the first 4 choices, adding others as he or she demonstrates the ability to identify on/off and right/left off consistently.

The goal is to get 10 correct out of 10 turns. Mark (+, -, X or ✓) next to each listening choice.

+ Yes - No response    ✓ Correct identification of what is wrong    X Incorrect identification of what is wrong.

| DATE                      |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| Right aid on, left off    |  |  |  |  |  |  |  |  |  |  |
| Left aid on, right off    |  |  |  |  |  |  |  |  |  |  |
| Both aids on              |  |  |  |  |  |  |  |  |  |  |
| Both aids off             |  |  |  |  |  |  |  |  |  |  |
| Volume low right          |  |  |  |  |  |  |  |  |  |  |
| Volume low left           |  |  |  |  |  |  |  |  |  |  |
| Volume low both           |  |  |  |  |  |  |  |  |  |  |
| Right aid on T switch     |  |  |  |  |  |  |  |  |  |  |
| Left aid on T switch      |  |  |  |  |  |  |  |  |  |  |
| Both aids on T switch     |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise right |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise left  |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise both  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL CORRECT</b>      |  |  |  |  |  |  |  |  |  |  |

| DATE                      |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| Right aid on, left off    |  |  |  |  |  |  |  |  |  |  |
| Left aid on, right off    |  |  |  |  |  |  |  |  |  |  |
| Both aids on              |  |  |  |  |  |  |  |  |  |  |
| Both aids off             |  |  |  |  |  |  |  |  |  |  |
| Volume low right          |  |  |  |  |  |  |  |  |  |  |
| Volume low left           |  |  |  |  |  |  |  |  |  |  |
| Volume low both           |  |  |  |  |  |  |  |  |  |  |
| Right aid on T switch     |  |  |  |  |  |  |  |  |  |  |
| Left aid on T switch      |  |  |  |  |  |  |  |  |  |  |
| Both aids on T switch     |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise right |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise left  |  |  |  |  |  |  |  |  |  |  |
| Fingertip rub noise both  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL CORRECT</b>      |  |  |  |  |  |  |  |  |  |  |

**Goal:** By \_\_\_\_\_ the child will be able to correctly identify if there is something wrong with his/her hearing aid (yes/no). By \_\_\_\_\_ the child will be able to state what is wrong with the hearing aid.