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INFORMATION EXCHANGE: Supporting the Child with a Cochlear Implant

Parent • CI Center • School • Therapist • Early Interventionist

The purpose of this form is to assist communication among individuals who assist the child who has a cochlear implant(s) or his family members. Please keep a copy of this form at each location where the child receives services. Use the progress form to evaluate and monitor performance that may assist with programming adjustments. When questions or concerns arise, please contact the CI Center immediately. **(monthly) (quarterly) (biannual)** updates among all support individuals are recommended.

I am giving permission for the individuals below to exchange information about my child:

Parent/Guardian Signature: _____ Date Signed: _____

Parent Name: _____ Phone#: _____

CHILD INFORMATION

Date completed: _____

Name: _____ DOB: _____ AGE: _____

Cochlear Implant Make/Model: _____ Activation Date(s) _____

Right ear device(s): _____ Serial#: _____

Left ear device(s): _____ Serial#: _____

EARLY INTERVENTION PROVIDER / SCHOOL DISTRICT PERSONNEL

Primary Contact: _____ Title: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Best time to contact: _____ Best way to contact: Phone Email Fax

School or EI Program Name: _____

Teacher(s) / EI Provider(s): _____

Email / Phone (if different from above): _____

School/Clinical Audiologist: _____ Email: _____

COCHLEAR IMPLANT CENTER

Center Name: _____ Audiologist: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Best time to contact: _____ Best way to contact: Phone Email Fax

ANY ADDITIONAL THERAPY OR SERVICE PROVIDER

Name: _____ Center: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Best time to contact: _____ Best way to contact: Phone Email Fax

Developed by the Florida Cochlear Implant Work Group (2005).