

## WORKING TOGETHER: THE COCHLEAR IMPLANT TEAM AND EDUCATORS

### Reasonable Expectations

#### The Cochlear Implant Center should:

- Empower parents to inform the child's teacher or early intervention service provider
- Inform parents that they may be required to cover future expenses for repair and supplies for their child's implant
- Speak with the teacher, therapist, early interventionist especially before the child receives the implant and during the first critical 6 weeks after the implant is turned on
- Inform the parents that the child may need S/N enhancing technology (e.g., FM system) in order to access verbal instruction in the classroom (the child needs to be able to report when the equipment is malfunctioning)

#### The Teacher/Early Interventionist/Therapist/Educational Audiologist should:

- Offer regular observations about the:
  - child's history of hearing aid wear
  - history of family follow-through
  - changes observed in the child's auditory behavior with newly fit hearing aids or once the cochlear implant is turned on

#### Member(s) of the Cochlear Implant Team and Educators should:

- Communicate *regularly* with the parents AND one another

## 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).

© 2011 Karen Anderson and Kathy Arnoldi From *Building Skills for Success in the Fast-Paced Classroom*, page 159, Butte Publications.

**PROGRESS OBSERVATIONS**

**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. Parent, please give this checklist to the people who support your child's learning and development and return it in the enclosed envelope to:

**Return this checklist to:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_ **Person Completing Form:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

Communication approaches used by the family with the child: <input type="checkbox"/> speaking <input type="checkbox"/> gestures <input type="checkbox"/> other _____ <input type="checkbox"/> listening training <input type="checkbox"/> fingerspelling <input type="checkbox"/> speech reading <input type="checkbox"/> English word order signing <input type="checkbox"/> cued speech <input type="checkbox"/> American Sign Language	Always	Usually	Sometimes	Occasionally	Never/ Rarely
1. Child puts on cochlear implant independently.					
2. Child tolerates wearing the implant.					
3. Implant is worn daily on a consistent basis.					
4. Daily monitoring checks of the implant occur.					
5. Implant appears to be working properly.					
6. Child responds to environmental noises.					
7. Child responds to his name.					
8. Child seems annoyed by background noise.					
9. Observe improvement in speech production.					
10. Observe improvement in oral language use.					
11. Regularity of attendance (therapy, school, etc.)					
12.					
13.					
14.					
15.					

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

Comments or questions on child progress:

Comments or questions on implant use/function: