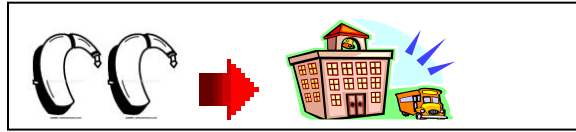


Hearing Aid Monitoring Checklist

Student _____ Grade _____ School _____ Week of _____

Review choices with student daily. They can circle the day of the week if the answer is YES; place an X if the answer is NO.

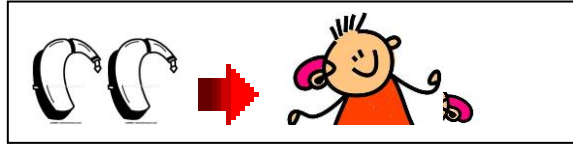
I brought my hearing aids
or CI to school today:



😊 = o ☹️ = x

M T W Th F

I put my hearing aids or
CI on by myself today:



😊 = o ☹️ = x

M T W Th F

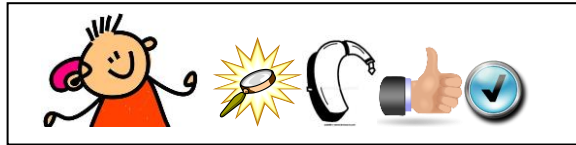
I said mm baba chch after
I put each one on :



😊 = o ☹️ = x

M T W Th F

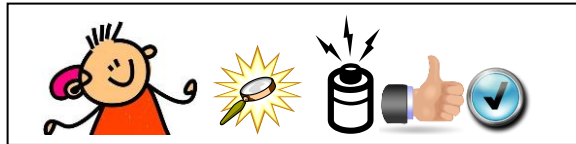
When I looked at my aids
or CI carefully I didn't see
problems:



😊 = o ☹️ = x

M T W Th F

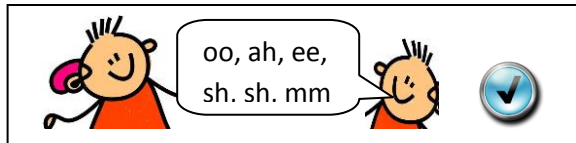
When I checked my
batteries were good today:



😊 = o ☹️ = x

M T W Th F

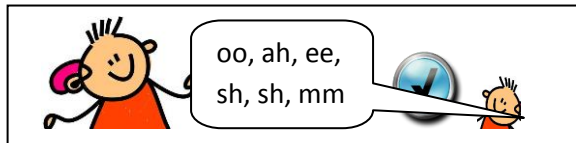
I did OK on the Ling sound
check today (CLOSE):



😊 = o ☹️ = x

M T W Th F

I did OK on the Ling sound
check today (FAR):



😊 = o ☹️ = x

M T W Th F

I put my FM in the charger
At the end of school:



😊 = o ☹️ = x

M T W Th F

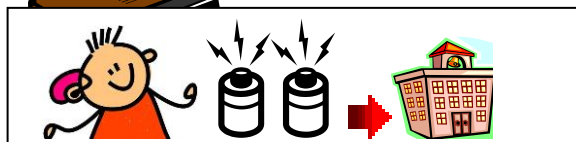
I know who to tell if I am
not hearing the way I
should be hearing:



😊 = o ☹️ = x

M T W Th F

I have extra batteries
at school today:



😊 = o ☹️ = x

M T W Th F