



## Equipment Exchange - Cochlear Implant Student - page 1 of 2

Student NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(day/month/year)

**COMPLETED** Equipment Exchange Forms (pages 1 & 2) must be sent together with a recent audiology report.

Additional information (if incomplete): \_\_\_\_\_

**All sections of this page must be completed by the audiologist/clinic. Incomplete forms will result in delays.**

### Student's Hearing Instrument(s)

Hearing Aid: ☐ R ☐ L Make \_\_\_\_\_ Model \_\_\_\_\_

Cochlear Implant: ☐ RIGHT Make \_\_\_\_\_ Model \_\_\_\_\_

Cochlear Implant: ☐ LEFT Make \_\_\_\_\_ Model \_\_\_\_\_

### Equipment Being Requested

Receiver: ☐ Roger 20 (Colour\*: ☐ Black ☐ Brown ☐ Grey ☐ Sand) ☐ Roger 21 ☐ Roger X

☐ Other: \_\_\_\_\_

*\*Roger 20 colour availability from loan bank. Black will be issued by default if colour not indicated above.*

☐ One

☐ Two

Transmitter: ☐ Roger Touchscreen ☐ Roger On ☐ Cochlear Mini Mic 2+ ☐ Oticon EduMic

☐ Other: \_\_\_\_\_

Special Requests: ☐ N7/N8 Monitor Earphones ☐ Remote Control ☐ Belt Clip/Boom Mic for Roger Touchscreen

☐ Other: \_\_\_\_\_

### CI Information Required

1. Recommended settings for RM use: Program \_\_\_\_\_ Vol \_\_\_\_\_ Sens \_\_\_\_\_

2. Processor controls: ☐ Locked ☐ Unlocked

3. Processor indicator lights for RM: ☐ On ☐ Off

4. For Cochlear MM2+ requests only: If paired at hospital, home wireless accessories paired to Channel \_\_\_\_\_

**CI Audiologist Authorization:** Please sign below to certify this student's readiness for assistive listening equipment.

Considering this student's hearing history and experience with the current cochlear implant(s), it is recommended the student start using the selected equipment as of \_\_\_\_\_  
(day/month/year)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_



## Equipment Exchange - Cochlear Implant Student - page 2 of 2

Student NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(day/month/year)

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*All sections of this page must be completed by the school team. Incomplete forms will result in delays.*

### Student's School Information

SD #: \_\_\_\_\_ SD Name: \_\_\_\_\_ PEN (required): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Current System

#### Receiver(s):

Model \_\_\_\_\_ Serial # \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

#### Transmitter:

Model \_\_\_\_\_

Serial # \_\_\_\_\_

### Additional Information

1. Are there students in the same school using personal RM? ☐ Yes ☐ No
2. Is there a sound field in the student's classroom? ☐ Yes ☐ No

### School/District Shipping Address following Validation by AO-PRP Audiologist

### School/District Contact regarding validation, equipment, and functional benefit for the student

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### School District Authorization

*Auditory Outreach equipment and accessories are on loan to the school and/or school district for educational use by the student listed above. **When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment. The equipment is due for return to Auditory Outreach when the student transfers to another school district or independent school, or graduates from your district.***

Date: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Estimated Replacement Costs

**Receivers:** Roger 20, Roger 21: \$2100; Roger X \$1350

**Transmitters:** Roger Touchscreen, Roger On \$1750; Cochlear Mini Mic 2+ \$382.50; Oticon EduMic \$1100