SD +7 (Powell River) Auditory Outreach Provincial Resource Program

Please use above fax or address

Request for Equipment – Cochlear Implant Student

A COMPLETED Request must also include:	Audiology Report Permission-to-Share Form Signatures Below - (CI Audiologist, Hearing Aid Audiologist (if appl		
Student NAME			
SD# SD Name	School		
Birthdate0	Grade PEN (required)		
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 X* MiniMic2+	MLxi Roger Focus*	One	CHANNEL
MLxi-Baha Freedom	Other:	Two	If applicable:
*Roger receivers for new fittings only, defined	as new to program or no loaned receivers within one year.		
Transmitter: Inspiro (all models incl	Roger) EasyLink+		
Special Requests: N5/N6 Adaptor	Retention Cover Other:		

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

Considering this studen he/she start using the se		erience with the current cochlear imp	lant(s), it is recommended
-,		(day/month/year)	
Date:	Name:		
		(Please Print)	
Signature:			

Please **EITHER** enclose the student's most current mapping report with the following information, **OR** complete the following:

DEFAULT	PROGRAM NAME	ACCESSORY		<u> </u>	,	ESTIMATE	D BATTERY LIFE
Vol Sens		MIXING RATIO	ASC?	SCAN?	RECOMMENDED FOR USE WITH RM?	DISPOSABLES	RECHARGEABLES
P1							STANDARD
P2						HRS	HRS
Р3							СОМРАСТ
P4							HRS

Student Name: _____

DEFAULT	PROGRAM NAME	ACCESSORY	FOR COCHLEAR MINI MIC 2+ REQUESTS PLEASE COMPLETE THIS TABLE			
Vol Sens		MIXING RATIO	ASC?	SCAN?	CURRENT WIRELESS ACCESSORY CHANNELS?	RECOMMENDED CHANNEL FOR SCHOOL'S MM2+ (PLEASE CHECK)
P1					1.	1.
P2					2.	2.
P3					3.	3.
P4					4.	4.

Audiologist Authorization for Aided Ear

Please sign below if you are tl	he current audiologist and are certifying the equipment being requested is co	mpatible with student's hearing	ng needs.
Date:	Clinic:		
Name:	Signature:		
Additional Information	n Required		
1 Are other students in th	e school using personal RMT? Soundfields in use?	Yes	No

1. Are other students in the school using personal RMT? Soundfields in use?	Yes	No
If yes, which channels?		
2. Do you know of any specific channels in the school which have interference problems?	Yes	No
If yes, which channels?		

School District Authorization

Auditory Outreach equipment and accessories are on loan to the school and/or school district. 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; and requests the equipment be loaned for the above student through the Auditory Outreach program. Date: ______ Position: _____ Name: _____ Signature: _____ (Please Print) **Estimated Replacement Costs** Receivers: Roger X or Focus \$1249; MLxi Baha-\$1399; MLxi or iSense micro \$1129; Freedom \$1799; MLxS \$830; Edulink \$970; MyLink or ML+ \$699 Transmitters: Inspiro \$1499; Other Types \$739 School/District Shipping Address following School Contact regarding validation, equipment function Validation by AO-PRP Audiologist and functional benefit for the student. ٦Г _

 Name:
 Position:
 Phone:
 Email: