

Request for Outreach Support – Cochlear Implant Student – page 1 of 2

In addition to loaning assistive listening devices for students, the Auditory Outreach Provincial Resource Program also offers a variety of support services for students who have cochlear implants, such as consultation, assistance with assessments, and guidance with establishment of goals for individual education plans.

Student NAME: _____ **Birthdate:** _____
(day/month/year)

COMPLETED Request for Outreach Support forms (pages 1 & 2) must be sent together including:

- Recent Audiology Report Signed Permission-to-Share Form (if new to the program)

Outreach Support Requested

- Audiology/Technology Speech/Language Teacher for the Deaf and Hard of Hearing Staff In-Service
 Other _____

Contact Information

Requested By/Contact: _____ Position: _____
Phone: _____ Fax: _____ Email: _____
Mailing Address: _____

Student's School Information

SD #: _____ SD Name: _____ PEN (required): _____
School: _____ Grade: _____
School Phone: _____ School Address: _____

Student's Hearing Device(s)

Hearing Aid: R L Make _____ Model _____
Cochlear Implant: RIGHT Make _____ Model _____
Cochlear Implant: LEFT Make _____ Model _____

Additional Information

- Has the student been issued RM technology: Yes No
 - If yes, do they use the technology: Consistently Inconsistently
- Have you discussed this request with the cochlear implant audiologist at BCCH? Yes No
- Please indicate which reports are available for this student: Speech Language Pathology Psychoeducational
 Other: _____

Request for Outreach Support – Cochlear Implant Student – page 2 of 2

Student NAME: _____ **Birthdate:** _____
(day/month/year)

Please provide a brief description of the reason for this request (indicate what interventions have been tried and outcomes):

School Administration

Date: _____ School Administrator: _____
(please print)

Signature: _____

Parent/Legal Guardian Consent

Date: _____ Name: _____
(please print)

Signature: _____

Phone and/or Email: _____

Additional Comments: _____