Auditory Outreach
Provincial Resource Program

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: _____

Auditory Outreach
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Send completed forms to:
Fax: 1-604-485-2759, or
info@auditoryoutreach.ca

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):

_____
_____
_____
_____
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_____

School Administration

Date: _____ School Administrator: _____
(please print)
Signature: _____

Parent/Legal Guardian Consent

Date: _____ Name: _____
(please print)
Signature: _____

Phone and/or Email: _____

Additional Comments: _____