



Equipment Request - page 1 of 2

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

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

Recent Audiology Report Permission-to-Share Form

Additional information (if incomplete): _____

All sections of this page must be completed. Incomplete forms will result in delays.

Student's School Information

SD #: _____ **SD Name:** _____ **PEN (required):** _____

School: _____ **Grade:** _____

Student's Hearing Device(s)

Hearing Aid: <input type="checkbox"/> RIGHT Make _____ Model _____	<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral
Hearing Aid: <input type="checkbox"/> LEFT Make _____ Model _____	
Cochlear Implant: <input type="checkbox"/> R <input type="checkbox"/> L Make _____ Model _____	

Equipment Being Requested

Receiver: Roger X Roger Focus II Other: _____ One Two

Transmitter: Roger Touchscreen Roger On (middle/high school) Oticon EduMic
 Cochlear Mini Mic 2+ (CI & BAHA students only) Other: _____

Special Requests: Belt Clip/Boom Mic for Roger Touchscreen Audio Shoe(s)* _____
 Remote Control (CI & BAHA students only) Other _____

**Phonak audio shoe colour availability based on stock & subject to change. Silver will be issued by default if colour not indicated.*

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

Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with the student's hearing needs:

Date: _____ Phone: _____ Email: _____

Name: _____ Signature: _____
(Please Print)

Clinic Address: _____

