

## Send completed forms to:

Fax: 1-604-485-2759, or info@auditoryoutreach.ca

## **Equipment Request - page 1 of 2**

Student NAME: Birthdate:(day/month/yea					
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):				
	Grade:				
Student's Hearing Device(s	)				
Hearing Aid: 🔲 RIGHT	Make	Model		☐ Unilateral	
Hearing Aid: 🗖 LEFT	Make	Model		☐ Bilateral	
Cochlear Implant: $\square$ R $\square$ 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:					
Clinic Address:					

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## **Equipment Request - page 2 of 2**

Student NAME:	Birthdate:			
COMPLETED Request for Equipment forms (pages 1 & 2) must be sent together including:  Recent Audiology Report Permission-to-Share Form				
All sections of this page must be completed. Incomplete forms will result in delays.				
Additional Information				
1. Are there students in the same school using personal F	RM?			
2. Is there a sound field in the student's classroom?	☐ Yes ☐ No			
School/District Shipping Address following Validation by 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:				
Name: Signa  (please print)  Phone: Emai				
Estimated Replacement Costs  Receivers: Roger X, Roger Focus II \$1350  Transmitters: Roger Touchscreen, Roger On \$1750; Oticon EduMic \$1100; Cochlear Mini Mic 2+ \$382.50				

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