

## 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)

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

## Equipment Request - page 2 of 2

Student NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

(day/month/year)

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***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 RM?  Yes  No
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: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **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