

## Speech to Text Equipment Request

Use this form to request speech to text equipment for current students only.

If the student doesn't already have equipment loaned from AO PRP please use an Equipment Request Form.

<b>Student NAME:</b> _____	<b>Birthdate:</b> _____ <small>(day/month/year)</small>
<b>SD #:</b> _____ <b>SD Name:</b> _____	<b>PEN (required):</b> _____
<b>School:</b> _____	<b>Grade:</b> _____

### Student's Hearing Device(s)

<b>Hearing Aid:</b> <input type="checkbox"/> RIGHT    Make _____ Model _____ <b>Hearing Aid:</b> <input type="checkbox"/> LEFT    Make _____ Model _____ <b>Cochlear Implant:</b> <input type="checkbox"/> R <input type="checkbox"/> L    Make _____ Model _____	<input type="checkbox"/> Unilateral  <input type="checkbox"/> Bilateral
<b>Receiver:</b> <input type="checkbox"/> Roger X <input type="checkbox"/> Roger Focus II <b>Transmitter:</b> <input type="checkbox"/> Roger Touchscreen <input type="checkbox"/> Roger On <input type="checkbox"/> Oticon EduMic <input type="checkbox"/> Cochlear Mini Mic 2+ (CI & BAHA students only)	

### Equipment Being Requested

<input type="checkbox"/> Roger NeckLoop  <b>Please confirm it will be used for Speech to Text purposes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Student has completed pre-Speech to Text Survey?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the student have access to:</b>  Windows Laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No    Apple Mac: <input type="checkbox"/> Yes <input type="checkbox"/> No Cellphone Android: <input type="checkbox"/> Yes <input type="checkbox"/> No    Cellphone Apple: <input type="checkbox"/> Yes <input type="checkbox"/> No Apple iPad: <input type="checkbox"/> Yes <input type="checkbox"/> No    Other: _____
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### School/District Shipping Address


### School/District Contact (TDHH)

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

Roger NeckLoop \$340