

## SECTION 1:

# STUDENT BACKGROUND SUMMARY

THIS SECTION SHOULD BE COMPLETED BY THE GUIDELINES COORDINATOR.

STUDENT'S NAME:	DATE COMPLETED:	
DOB:	AGE:	GRADE:
PERSON COMPLETING THIS FORM:		
WITH INPUT FROM (NAME AND RELATIONSHIP TO STUDENT):		

### I. Pre-Cochlear Implantation *(Please refer to the Glossary in Appendix F for clarification of terms.)*

Age at which hearing loss was identified:
Age at which first fit with amplification:
Ear fit with amplification:      Right      Left      Bilateral
Describe consistency of amplification use pre-implant:
Describe communication history pre-implant. Describe any languages or modalities used:
Use of assistive listening devices pre-implant (e.g., frequency-modulated [FM], infrared, Direct Audio Connect)? Yes      No
If yes, then type of assistive listening devices:

### II. Home Communication *(This section should be completed with parent input.)*

Primary language used in the home:
Other languages used in the home:
Describe how the child communicates at home:

### III. Post-Cochlear Implantation (CI)

Age at implantation:	Right ear:	Device:
	Left ear:	Device:
If the child wears one cochlear implant, is the other ear aided?	Yes	No
Currently, when is the CI typically worn?		
Describe the consistency of CI use:		
Use of assistive listening devices:	Yes	No
If yes, then type of assistive listening devices:		

Describe language supports which provide access to the academic program:
Describe how the current technology provides access to the academic program:

### IV. Documented additional IFSP/IEP or 504 plan disability and/or medical concerns or other factors:

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