

Assistive Hearing Equipment Classroom Amplification System

Purchase date: _____ Owner _____

Is the device currently under warranty coverage? yes no

Company: _____

Phone:

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Training sources and person responsible for setting up the unit:

Tech Support:

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Hours: _____

Describe how/when this device is used:

Equipment List

Transmitter channel # _____

Receiver channel # _____

Charger serial # _____

Batteries

speaker cables

wall transformers

speakers How many?

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How are repairs made to this device (i.e., who sends the device, how is payment made to the company, etc.)

What backup systems are used?

Charging/battery information

Has this device had any specific problems lately?

Comments/Suggestions/Problems

Is this device part of the IEP? YES NO