

Assistive Hearing Equipment Cochlear Implant System

Activation date: _____ Owner _____

Is the device currently under warranty coverage? yes no

Company: _____

Phone:

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 Training sources

Tech Support

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Hours: _____

Describe how/when this device is used:

Equipment List

serial #

Speech processor _____

ear level

body worn

cable

coil

magnet

harness

Ear mold (left)

Ear mold (right)

batteries

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?

Channel #

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Comments/Suggestions/Problems

Is this device part of the IEP? YES NO