BOYS TOWN National Research Hospital®

Cochlear Implant Educational Questionnaire: Infant-Preschool Age Children

To be completed by a Teacher, Early Intervention Specialist, and/or Speech-Language Pathologist

_____is scheduled to be seen by the Cochlear Implant Team on _____.

Please ensure that the following information is provided to the clinic prior to or at the time of the appointment:

☐ A copy of child's current IFSP or IEP
☐ Recent results of educational speech, language, reading, and/or writing assessments
☐ This questionnaire following its completion by a member of your child's educational team

This documentation can be sent with the family to the clinic or sent directly to Terri Wolf, Patient Services Coordinator, via fax: (402) 531-5028 or e-mail: terri.wolf@boystown.org.

The following information should be filled out by a member of the child's educational team:

Person(s) Completing Form: _____

Role(s): _____

Please list recent speech/language/developmental assessments completed in the last year.

Date	Test Administered	Standard Score	Percentile

Please indicate the device(s) the child uses and provide an estimate of average daily device use.

	Right Device		Left Device	
Device Type	☐ Cochlear Implant ☐ Hearing Aid ☐ Other_____		☐ Cochlear Implant ☐ Hearing Aid ☐ Other_____	
At Home	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-user or N/A	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-user or N/A
Outside the Home (Daycare, Preschool)	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-user or N/A	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-user or N/A

Do you observe an improvement in this student's auditory skills and communication when using the personal device(s) (e.g., cochlear implant, hearing aid, etc.)? ☐ Yes ☐ No

If device use or improvement with use is limited, provide additional information and observations:

_____

_____

_____

_____

How would you characterize this child's hearing device awareness and speech and sound awareness *without* visual supports (e.g., gestures, signs, or speechreading)? Please check all that apply.

☐ No consistent detection of speech or environmental sounds
☐ Attempts to, or replaces the device if it comes off
☐ Indicates when the device(s) is not working properly (e.g., brings device to a parent or teacher, takes device off)
☐ Consistent detection of name and environmental sounds
☐ Consistent detection of LING six sounds
☐ Understanding of single words and one-step directions ***without*** visual supports
☐ Understanding of simple phrases and one-step directions ***without*** visual supports
☐ Understanding of multi-part directions and a series of comments ***without*** visual supports

How would you characterize this child's current expressive skills when using his or her device(s)? *Please check all that apply and please provide an approximate percentage of total communication.*

Communication Method	Percentage of use
☐ Uses Spoken Language: ☐ English ☐ Other: _____	
☐ Uses Sign Communication (i.e., ASL, SEE, Cued Speech)	
☐ Uses Informal Manual Communication (e.g., gestures, body language)	
☐ Other (e.g., picture exchange, assistive augmentative communication device)	

What is this child's average utterance length? _____ Using: ☐ Spoken Language ☐ Sign Language

How would you characterize this child's current speech production skills?

☐ Completely unintelligible	☐ A few intelligible words
☐ Some vowels and consonant productions	☐ Partially intelligible words and phrases
☐ Babbles considerably	☐ Mostly intelligible words and phrases
☐ Approximates a few words	☐ Completely intelligible words and phrases

Do you feel this child is making appropriate progress in receptive and expressive communication?

☐ Exceeds Expectations	☐ Meeting Expectations	☐ Below Expectations*	☐ Significant Concerns*

* If not, what do you think may be contributing to slower progress?

_____
_____
_____

Does child use any other assistive listening device(s)? (i.e., Roger/FM system, Streaming Device, etc.)

☐ No ☐ Yes, *Device(s) used if known:* _____

If yes, device(s) used in: ☐ Both Ears ☐ Single Ear: ☐ Right Ear ☐ Left Ear

Please include questions or information you would like to share with the Cochlear Implant Team.

_____
_____
_____