BOYS TOWN National Research Hospital®

Cochlear Implant Educational Questionnaire: Children Kindergarten-School Age

To be completed by a Teacher, Speech-Language Pathologist, Teacher for the Deaf and Hard of Hearing, and/or Educational Audiologist

_____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 describe this student's educational services.

Supports	Time Dedicated	
☐ Mainstream Classroom	Hours per day	
☐ Self-Contained Deaf and Hard of Hearing Classroom	Hours per day	
☐ Resource Room	Hours per day	
☐ Speech-Language Pathologist	Minutes per week	
☐ Itinerant Teacher for the Deaf and Hard of Hearing/Special Educator	Minutes per week	
☐ Interpreter Support ☐ Signed English ☐ ASL ☐ Cued Speech ☐ Other: _____	Hours per day	

Does student wear his/her hearing device(s) consistently at school? Please indicate device/ frequency of use.

	Right Ear		Left Ear	
Device Type	☐ Cochlear Implant ☐ Hearing Aid ☐ Other_____		☐ Cochlear Implant ☐ Hearing Aid ☐ Other_____	
Use at School	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-use / N/A	☐ Full-Time Use ☐ Part-Time Use	☐ Limited Use ☐ Non-use / 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 student's current expressive skills at school when using hearing device?
Please check all that apply and please provide an approximate percentage of use.

Communication Method	Percentage of Use
☐ Uses Spoken Language: ☐ English ☐ Other:_____	
☐ Uses Manual Communication (e.g., ASL, SEE, or Cued Speech)	
☐ Other (e.g., picture exchange, assistive augmentative device)	

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

☐ Completely unintelligible	☐ Partially intelligible
☐ A few intelligible words	☐ Completely intelligible

How would you characterize student's current comprehension abilities with the device(s) in use without visual supports (e.g., gestures, signs, or speechreading)? Please check all that apply.

☐ Unable to understand spoken language without visual supports	☐ Single Word recognition, **with** context clues or visual prompts
☐ Understanding of simple phrases and directions	☐ Single Word recognition **without** context or prompts
☐ Understanding of multi-part directions and a series of comments	☐ Understanding of narratives in structure
	☐ Follows conversation easily

Does he/she use any other assistive listening device(s) in the classroom? (i.e., Roger/FM system, Streaming Device, Sound field system etc.) ☐ Yes ☐ No

If yes:

Device(s) used *if known*: _____

Device(s) used with: ☐ Both Ears ☐ Single Ear: ☐ Right Ear ☐ Left Ear

What is the frequency of assistive device use? ☐ Full-Time Use ☐ Part-Time Use ☐ Limited Use ☐ N/A

Who monitors the maintenance of the device(s): _____

Are there any other forms of assistance provided? ☐ Preferential Seating ☐ Class Notes Provided

☐ Captioning for Video presentations as needed ☐ Other: _____

Indicate grade level of student's development below.

Academic Area	Below Grade Level	On Grade Level	Above Grade Level
Overall Development	☐	☐	☐
Reading	☐	☐	☐
Writing	☐	☐	☐
Math	☐	☐	☐

Please include questions or additional information you want to share with the Cochlear Implant Team.

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