**SUMMIT SPEECH SCHOOL**

**Parent/Infant Student Equipment Record**

**2021-2022**

|  |  |  |
| --- | --- | --- |
| Date: | TOD/SLP: |  |
| Student Name: | DOB: |  |
| District: | Grade: **Early Intervention** | |
| County: |  |  |
| Service Coordinator: | Phone: | Email: |
|  |  | Fax: |
| Audiologist: | Phone: | Date Aided/Activated: |
| Mapping Center:  (if different) |  |  |
| Hearing Aid Dispenser: | Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Right | | | | Left | | | |
| HA/CI/Other |  | | | HA/CI/Other |  | | |
| Make |  | | | Make |  | | |
| Model/Color |  | | | Model/Color |  | | |
| Serial # |  | | | Serial # |  | | |
| Battery Size |  | | | Battery Size |  | | |
| Date Aided/ Activated |  | | | Date Aided/ Activated |  | | |
| Notes |  | | | Notes |  | | |
| FM/DM System | | | | | | | |
| Transmitter |  | | | Serial# |  | | |
| Transmitter |  | | | Serial# |  | | |
| Pass Mic |  | | | Serial# |  | | |
| Rt Receiver |  | Serial # |  | Lt Receiver |  | Serial # |  |
| Rt Audioshoe/  Adapter |  | | | Lt Audioshoe/  Adapter |  | | |