**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 |  |