

Daily Hearing Aid Checklist (For Dormitory Use)

Name of Student: _____

Codes:

Type of amplification used:

Y-personal hearing aid/s

Y-loaner hearing aid/s

Y-auditory trainer

Y-other assistive listening device (ALD)

√ = wearing

X = does not have aid

R = being repaired

L = lost (date/comment at bottom)

H = left at home

Make/Model of Hearing Aid: _____

Serial Numbers: Right _____ Left _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

*Please inform the classroom teacher if student does not bring aid/s from home or if the aid/s are in need of repair.

*Please note with a “•” inside the box if batteries were given. Example:

Comments:

Revised 08/21/06