# Bimodal Technology Summary

**Student Name:** ____________________________  **Date:** __________________

## Right Ear

- [ ] AB Cochlear Implant
- [ ] Hearing Aid
- [ ] Other

Device Name: ________________________________
*(For example Naída CI Q90 or Phonak Naída™ Link UP Hearing Aid)*

Contact Information for Managing Audiologist:

________________________

Center Name: ________________________________

Date of last visit: ___________________________

Date of next visit: ___________________________

## Left Ear

- [ ] AB Cochlear Implant
- [ ] Hearing Aid
- [ ] Other

Device Name: ________________________________
*(For example Naída CI Q90 or Phonak Naída™ Link UP Hearing Aid)*

Contact Information for Managing Audiologist:

________________________

Center Name: ________________________________

Date of last visit: ___________________________

Date of next visit: ___________________________

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## Program Descriptions

*Use the table below to fill in the listening situation intended for each program slot. You can choose from the following descriptions or create your own.*

- Everyday Listening
- Listening in Noise
- FM/Roger™ System
- T-Coil
- Telephone
- Music
- Auditorium/Lecture Hall
- Listening Focused to the Left
- Listening Focused to the Right
- Focus on One Voice in Noise *(StereoZoom)*
- Focus on a Few Voices in Noise *(UltraZoom)*
- Water or Swim

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Battery Information

**RIGHT EAR**
- [ ] Rechargeable
- [ ] Disposable

**LEFT EAR**
- [ ] Rechargeable
- [ ] Disposable

Size: ______________________

Additional Information

**RIGHT EAR**
- [ ] Roger™ System/FM
  - Model /Type: ______________________
  - Additional Information: ______________________
  - Additional Information: ______________________
  - Additional Information: ______________________

- [ ] ComPilot Accessory
- [ ] Remote Control
- [ ] Other

**LEFT EAR**
- [ ] Roger™ System/FM
  - Model /Type: ______________________

- [ ] ComPilot Accessory
- [ ] Remote Control
- [ ] Other

- Additional Information: ______________________
  - Additional Information: ______________________
  - Additional Information: ______________________
  - Additional Information: ______________________

Notes/Classroom Accommodations: ________________________________________

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