



## 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: \_\_\_\_\_

## 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

RIGHT EAR	
Program Slot	
1	
2	
3	
4	
5	

LEFT EAR	
Program Slot	
1	
2	
3	
4	
5	



## Battery Information

**RIGHT EAR**

Rechargeable

Disposable

Size : \_\_\_\_\_

**LEFT EAR**

Rechargeable

Disposable

Size : \_\_\_\_\_

## Additional Information

**RIGHT EAR**

Roger™ System/FM  
Model /Type : \_\_\_\_\_

ComPilot Accessory

Remote Control

Other

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEFT EAR**

Roger™ System/FM  
Model /Type : \_\_\_\_\_

ComPilot Accessory

Remote Control

Other

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes/Classroom Accommodations: \_\_\_\_\_

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