

Minnesota State Academies
Student Audiological and Amplification Information Sheet

Student: _____ Birthdate: ____/____/____ Date Completed: _____

PREVIOUS HEARING TESTS

Date: ____/____/____ Audiologist/Clinic _____

Date: ____/____/____ Audiologist/Clinic _____

CAUSE OF HEARING LOSS

CONGENITAL

- ☐ Family History of Deafness
 Mother: ____ Father: ____ Siblings: ____
 Other: _____
- ☐ Rubella (German Measles)
- ☐ Pregnancy Complications
- ☐ Trauma at birth
- ☐ Rh incompatibility
- ☐ Prematurity
- ☐ Other _____
- ☐ Unknown

ACQUIRED

Date: ____/____/____

- ☐ Meningitis
- ☐ Ear Infections
- ☐ Trauma after birth
- ☐ High fever
- ☐ Mumps
- ☐ Measles
- ☐ Cytomegaly Virus (CMV2)
- ☐ Other _____
- ☐ Unknown

Has the hearing loss changed over time? ☐ YES ☐ NO

HEARING AID (Complete if appropriate)

RIGHT EAR: Make _____ Model _____ Serial # _____ Purchase Date ____/____/____

LEFT EAR : Make _____ Model _____ Serial # _____ Purchase Date ____/____/____

COCHLEAR IMPLANT USERS

Left Ear Make _____ Model _____ Serial # _____ Implant Date: ____/____/____

Right Ear Make _____ Model _____ Serial # _____ Implant Date: ____/____/____

Who recommended? _____ Who purchased? _____

Date of last ear molds: Right ____/____/____ Left ____/____/____

Dispensing Audiologist Name: _____

Address: _____

Are there are current problems with the hearing aid(s), molds, or cochlear implant?

Please describe: _____

How often does your child wear his/her hearing aid(s) or cochlear implant(s)?

School: ☐ When Needed ☐ Part-Time ☐ Always

Home: ☐ When Needed ☐ Part-Time ☐ Always

Outside of Home/School : ☐ When Needed ☐ Part-Time ☐ Always

At MSAD or MSAB how often do you want the aid(s) or cochlear implant(s) worn?

☐ School only ☐ School & dorm except rough play ☐ At all times

☐ With support (speech, auditory training, etc)