Student _____ Year _____District_____

Hearing Aid Log

Indicate the status of the assistive listening devices (hearing aids, cochlear implants, FM system) using the key below. Equipment must be checked daily.

Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
1 ____	1 ____	1 ____	1 ____	1 ____	1 ____	1 ____	1 ____	1 ____	1 ____
2 ____	2 ____	2 ____	2 ____	2 ____	2 ____	2 ____	2 ____	2 ____	2 ____
3 ____	3 ____	3 ____	3 ____	3 ____	3 ____	3 ____	3 ____	3 ____	3 ____
4 ____	4 ____	4 ____	4 ____	4 ____	4 ____	4 ____	4 ____	4 ____	4 ____
5 ____	5 ____	5 ____	5 ____	5 ____	5 ____	5 ____	5 ____	5 ____	5 ____
6 ____	6 ____	6 ____	6 ____	6 ____	6 ____	6 ____	6 ____	6 ____	6 ____
7 ____	7 ____	7 ____	7 ____	7 ____	7 ____	7 ____	7 ____	7 ____	7 ____
8 ____	8 ____	8 ____	8 ____	8 ____	8 ____	8 ____	8 ____	8 ____	8 ____
9 ____	9 ____	9 ____	9 ____	9 ____	9 ____	9 ____	9 ____	9 ____	9 ____
10___	10___	10___	10___	10___	10___	10___	10___	10___	10___
11___	11___	11___	11___	11___	11___	11___	11___	11___	11___
12___	12___	12___	12___	12___	12___	12___	12___	12___	12___
13___	13___	13___	13___	13___	13___	13___	13___	13___	13___
14___	14___	14___	14___	14___	14___	14___	14___	14___	14___
15___	15___	15___	15___	15___	15___	15___	15___	15___	15___
16___	16___	16___	16___	16___	16___	16___	16___	16___	16___
17___	17___	17___	17___	17___	17___	17___	17___	17___	17___
18___	18___	18___	18___	18___	18___	18___	18___	18___	18___
19___	19___	19___	19___	19___	19___	19___	19___	19___	19___
20___	20___	20___	20___	20___	20___	20___	20___	20___	20___
21___	21___	21___	21___	21___	21___	21___	21___	21___	21___
22___	22___	22___	22___	22___	22___	22___	22___	22___	22___
23___	23___	23___	23___	23___	23___	23___	23___	23___	23___
24___	24___	24___	24___	24___	24___	24___	24___	24___	24___
25___	25___	25___	25___	25___	25___	25___	25___	25___	25___
26___	26___	26___	26___	26___	26___	26___	26___	26___	26___
27___	27___	27___	27___	27___	27___	27___	27___	27___	27___
28___	28___	28___	28___	28___	28___	28___	28___	28___	28___
29___	29___	29___	29___	29___	29___	29___	29___	29___	29___
30___	30___	30___	30___	30___	30___	30___	30___	30___	30___
31___		31___		31___	31___		31___		31___

KEY:
√ = hearing aid/FM checked and working
X = hearing aid/FM checked and not working, request for audio assistance
N = no equipment; student did not bring hearing aids/cochlear implant to school
R = student refused to use equipment; can use RH for hearing aids and RF for FM system to distinguish which equipment is not being used
— = no school or student absent

Website: nebraskamrp.esu3.org