

**DIVISION OF VOCATIONAL REHABILITATION SERVICES  
HEARING AID VERIFICATION**

(To be conducted not less than two (2) weeks post fitting)

Date of fitting \_\_\_\_\_

**Do hearing aid(s) meet the recommended description and specifications for the instrument?** Yes \_\_\_ No \_\_\_

**Individual's subjective evaluation of the hearing aid:**

**Verification technique and results-**

- \_\_\_ Hearing aid(s) tested in sound fields booth with and without amplification.
- \_\_\_ Verified by questionnaire (circle which)- COSI; AHAB; Other \_\_\_\_\_ )
- \_\_\_ Tested via computer program
- \_\_\_ Verified by Real-Ear

**Do hearing aid(s) provide the benefits to communication that were anticipated?**  
Yes \_\_\_ No \_\_\_

**Hearing aid(s) approved?** Yes \_\_\_ No \_\_\_  
If no, explain.

**Hearing Aid(s):**

**Serial Number**

**Left** \_\_\_\_\_  
**Right** \_\_\_\_\_  
**Manufacturer** \_\_\_\_\_  
**Style** \_\_\_\_\_  
**Technology Level** \_\_\_\_\_  
**Warranty Expiration** \_\_\_\_\_

**Responsible Evaluator** \_\_\_\_\_

**Date** \_\_\_\_\_