

DIVISION OF VOCATIONAL REHABILITATION SERVICES
HEARING AID EVALUATION

Hearing aid(s) recommended? Yes No Left Right Binaural

Left

Type -

Manufacturer -

Model -

Technology Level -

Specifics -

Right

Type -

Manufacturer -

Model -

Technology Level -

Specifics -

Justification for binaural aid(s), if applicable.

Justification for digital aid(s), if applicable.

Does the individual currently own a hearing aid? Yes No

If yes, how old, and reason for replacement.

If a T-Coil is NOT recommended, why?

What assistive listening devices (such as telephone amplifier, personal FM system) should be considered? Explain how each can assist client's job functioning.

Responsible Audiologist _____

Address _____

Date _____