

**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 _____