

Sensory Status:

Cognitive Status:

Social/Emotional Status:

Language Status:

Information is also needed on the following:

Educational ability and needs:

Vocational potential:

Anticipated duration of need:

Prognosis regarding oral communication skills:

Prognosis with a particular device: (Has there been a trial period with this or a similar device?)

Recommendation: (Why this particular device? What other kinds of equipment have been used?)

Physician Signature

Name _____

Address

Phone _____