

Student Name: _____

DEFAULT Vol _____ Sens _____	PROGRAM NAME	ACCESSORY	FOR COCHLEAR MINI MIC 2+ REQUESTS PLEASE COMPLETE THIS TABLE			
		MIXING RATIO	ASC?	SCAN?	CURRENT WIRELESS ACCESSORY CHANNELS?	RECOMMENDED CHANNEL FOR SCHOOL'S MM2+ (PLEASE CHECK)
P1					1.	1.
P2					2.	2.
P3					3.	3.
P4					4.	4.

Audiologist Authorization for Aided Ear

Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with student's hearing needs.

Date: _____ Clinic: _____

Name: _____ Signature: _____

Additional Information Required

1. Are other students in the school using personal RMT? Soundfields in use? Yes No
 If yes, which channels? _____

2. Do you know of any specific channels in the school which have interference problems? Yes No
 If yes, which channels? _____

School District Authorization

Auditory Outreach equipment and accessories are on loan to the school and/or school district. When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s) of the equipment; and requests the equipment be loaned for the above student through the Auditory Outreach program.

Date: _____ Position: _____

Name: _____ Signature: _____
(Please Print)

Estimated Replacement Costs

Receivers: Roger X or Focus \$1249; MLxi Baha-\$1399; MLxi or iSense micro \$1129; Freedom \$1799; MLxS \$830; Edulink \$970; MyLink or ML+ \$699
Transmitters: Inspiro \$1499; Other Types \$739

School/District Shipping Address following Validation by AO-PRP Audiologist

School Contact regarding validation, equipment function and functional benefit for the student.

Name: _____

Position: _____

Phone: _____

Email: _____