Audiometric and Hearing Aid Review

Child's Name: _____ Date of Birth: _____
y y y y / m m m / d d

Date of Initial Fitting: _____ Date of Review: _____
y y y y / m m m / d d y y y y / m m m / d d

Comorbidities: _____ Complex Factors: _____
(e.g., Cerebal palsy, Down syndrome) (e.g., Inconsistent hearing aid use, family dynamics)

AUDIOLOGIC ASSESSMENT **ABR (dB EHL) □** **VRA □** **Play □** **Other □ _____**

Right Ear		**Left Ear**
Severity	**Frequency (kHz)**	**Severity**
	0.5	
	1.0	
	2.0	
	4.0	

Right Ear	**Hearing Loss Type**	**Left Ear**
☐	Sensorineural	☐
☐	Conductive	☐
☐	Mixed	☐
☐	Unknown	☐
☐	Auditory Neuropathy	☐
☐	None	☐

HEARING AID FITTING DETAILS

	Right Ear	**Left Ear**
Hearing Aid Prescribed (Make and Model)		
Real Ear to Coupler Difference (RECD): Check one	☐ Measured ☐ Predicted ☐ Use other ear values ☐ Use previously measured values	☐ Measured ☐ Predicted ☐ Use other ear values ☐ Use previously measured values
Maximum Power Output (MPO)	Yes No	Yes No
SII Average Value (65 dB SPL)		
SII Soft Value (55 dB SPL)		

LittlEARS Total Score: _____

Service Provider: _____ Location: _____