

# Key information: Record sheet

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Cause of deafness?

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How long ago was the operation  
and how much can they now hear?

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What device are they wearing? – Contact number if equipment is faulty

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Do we need to get any extra equipment (spares, checking)  
or change our arrangements to improve listening conditions?

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Do they have any additional diagnosed  
or suspected difficulties?

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Child's communication system? – Teaching Implications

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Who are the key support staff? Name/tel. no.

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What help will they give in terms of visits, planning work etc

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Name:

Job Title:

Tel:

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