

Cochlear Implant Checklist

Student Name _____

Month _____

	Date	ee	oo	sh	ss	Ø	mm	ah	Batteries?
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

	Date	ee	oo	sh	ss	Ø	mm	ah	Batteries?
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

	Date	ee	oo	sh	ss	Ø	mm	ah	Batteries?
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Friday									

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Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

School Personnel _____

please print

Tips:

- ◆ Check CI every morning and after P.E./recess
- ◆ Place hand in front of mouth and say the sounds using normal speech in a random order.
- ◆ Turn form into HI teacher as they are completed.