

**Berrien County Hearing Impaired Program
Audiology/Hearing Center**

Berrien Springs Public Schools
One Sylvester Avenue
Berrien Springs, MI 49103

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FM FITTING PROTOCOL

8. Teacher Post-Evaluation

Student's Name _____ Date _____

Teacher's Name _____

	Identified as a concern	Improvement noted	No change noted
<u>AUDITORY CONCERNS:</u>			
Consistently responds to voice	_____	_____	_____
Attends to voice from a distance	_____	_____	_____
Understands stereotypical phrases (e.g., "Close the door," "Turn off the lights") presented orally	_____	_____	_____
Follows simple directions in small groups	_____	_____	_____
Follows simple directions in large groups	_____	_____	_____
Follows directions after repetition	_____	_____	_____
Follows directions after rephrasing	_____	_____	_____
Overall academic functioning	_____	_____	_____

BEHAVIOR CONCERNS:

Attention span	_____	_____	_____
Volunteers answers/comments	_____	_____	_____
Strained behavior while attending to speaker	_____	_____	_____
Frustration	_____	_____	_____
Peer interactions	_____	_____	_____

ADJUSTMENT CONCERNS:

Has child accepted use of FM?
Have peers accepted use of FM?