

REQUEST FOR PERSONAL ATU EQUIPMENT

School District Name: _____
Name of School: _____ County: _____
Street address: _____
City/Zip: _____ Phone: _____
Person responsible for equipment: _____ Title: _____

If the shipping address is different from the billing address, please indicate:
Name of School: _____
Street Address: _____
City/Zip: _____

STUDENT(S) UTILIZING EQUIPMENT:

HEARING AID INFORMATION:

1) Name: _____
Grade: _____

make: _____ model: _____
t-coil _____ audio input: _____

Is student:
in self-contained classroom _____
mainstreamed part of the day _____
mainstreamed all of classes _____

Are they alone or with another FM user? List other student's name(s) _____
Is the auditory trainer recommended in the child's IEP? _____

2) Name: _____
Grade: _____

make: _____ model: _____
t-coil _____ audio input: _____

Is student:
in self-contained classroom _____
mainstreamed part of the day _____
mainstreamed all of classes _____

Are they alone or with another FM user? List other student's name(s) _____
Is the auditory trainer recommended in the child's IEP? _____

3) Name: _____
Grade: _____

make: _____ model: _____
t-coil _____ audio input: _____

Is student:
in self-contained classroom _____
mainstreamed part of the day _____
mainstreamed all classes _____

Are they alone or with another FM user? List other student's name(s) _____
Is the auditory trainer recommended in the child's IEP? _____

You must enclose the most recent audiogram or report along with hearing aid information for each student listed above.

Return to: Audiology Department, Missouri School for the Deaf, 505 East 5th Street, Fulton, MO, 65251-1799 Phone: (573) 592-2543, Fax 573-592-2567

The rental fee for one complete system is \$498.00. This cost could vary slightly depending on the equipment required to meet the individual child's needs.