

Daily Hearing Aid Check

Hearing Aid	Serial Number	Type of Aid
Right		
Left		

Week of: _____

Care	Mon	Tues	Wed	Thurs	Fri
<u>Earmold:</u> Washed Dried Cracked Squealing					
<u>Battery:</u> Checked Replaced					
5 Sound Test oo, ah, ee, sh, s, m					
Concerns: Consult with Teacher of the Deaf					