



THE CHILDREN'S COCHLEAR IMPLANT CENTER AT UNC



Who is on your child's team?
Help us keep up-to-date by filling out the form below.

Today's Date: _____

Patient Name: _____ Date of Birth: _____
Parents' Name(s): _____

School System

County: _____
School: _____
Classroom Teacher: _____

Pediatrician

Name: _____
Practice Name: _____

School Audiologist

Name: _____

CDSA Coordinator (if under 3)

Name: _____

Other Audiologist

Name: _____

Beginnings Representative

Name: _____

Speech-Language Pathologist (School)

Name: _____

Early Interventionist (if under 3)

Name: _____

Speech-Language Pathologist (Private)

Name: _____

Language Facilitator

Name: _____

Teacher of the Hearing Impaired:

Name: _____

Interpreter

Name: _____

Others working with your child

Specialty: _____ Name: _____
Specialty: _____ Name: _____
Specialty: _____ Name: _____
Specialty: _____ Name: _____