



Cornell University

Student Disability Services

Cornell Health, level 5
110 Ho Plaza
Ithaca, NY 14853
Phone: (607) 254-4545
Fax: (607) 255-1562
sds.cornell.edu

Student Assistive Listening Device Profile

Name: _____

Email: _____ Phone: _____

To maximize our ability to provide you communication access at Cornell, please complete this form as accurately as possible. Please contact your hearing device provider for information you do not know.

How would you describe your overall hearing loss without hearing aids/CI processors?

- Mild, Moderate, Moderate to Severe, Severe, Severe to Profound, Profound

Please fill out this chart describing the hearing technology you currently use, if applicable:

Table with 6 columns: Type, Right Ear (Yes or No), Left Ear (Yes or No), Age Of Device, Brand Name and Model*, TCOIL and/or M/T Switch (Yes or No)**

*Brand name examples: Cochlear, Phonak, Siemens, Oticon/Model Examples: Nucleus Freedom BTE, Naida

** The telecoil is either a switch on the hearing aid or a program in the hearing aid that allows the individual to listen on the telephone or use an assistive listening system while turning off the hearing aid microphone.

If Behind-the-ear hearing aids, do they have Direct Audio Output (DAI)?

- Yes, No

DAI is an option on BTE hearing aids that allows for a direct connection between an audio source and the hearing aid, via a cable or plug-in module. One end of a DAI cable will plug into the headphone jack of an FM system receiver and the other end will plug into an audio boot that is connected to the hearing aid.

hearing aid may need to be modified to accept DAI (such as replacement of a battery door, etc.). If you are not sure if the aid needs modification, please contact your hearing aid provider to ask.

Are you able to hear effectively with your hearing aids/processors in:

- One on one situations? Yes No
Small group situations? Yes No

Please elaborate, as needed:

Please describe the kinds of settings you have the most difficulty hearing/communicating with others (i.e. consider in particular large and small classroom settings, level of background or ambient noise, acoustics, room layout, carpeted or not, etc.):

Have you used an FM system in the past? Yes No

-If No, please explain why not: _____

-If Yes:

- What brand of FM System did you use? _____
- When and where did you use it? _____
- How did you get the sound to your ear (e.g., receiver inserted in hearing aid/processor via a boot, neck loop, earphone, headphones, other)? _____
- Was it effective at providing audio input? Yes No NA
- Do you own an FM system? Yes No **If yes, what brand/model (if different from above)?** _____

Please list any other alerting devices/phones/FM systems, etc. that you currently use:

Please indicate if you have used any of the following communication access methods and in what kinds of settings/situations (i.e. school, extracurricular events, at home, etc):

- ASL interpreting used: _____
- Real time captioning services such as CART or C-Print used: _____
- Closed captions/subtitles on videos/television used: _____

Please list any specific concerns or questions you have about being able to hear, communicate, and/or participate effectively in college (consider academic, housing, and extracurricular settings):

Your SDS Counselor will need to contact you to follow up- given your hearing loss, what is your preferred method of communication (i.e. phone, email, Skype/face time, google chat, other)?