RIT

ROCHESTER INSTITUTE OF TECHNOLOGY
NTID

# Audiological Record

## Part A (To be completed by applicant)

### Personal Data

Month ☐☐ Day ☐☐ Year ☐☐
Date of Birth

Name _____
Last First Middle Initial

Address _____
Number and Street City State/Province Zip/Postal Code (Country)

Email _____

Phone ( ) _____
Home/Cell/VP (Circle One)

***Deaf and hard-of-hearing applicants may submit this form or use an official audiogram (including history and speech recognition) from a certified audiologist.***

**Optional:** Please indicate your preferred method of communication. ☐ Sign Language ☐ Speech ☐ Combination of both

**Applicant:** I give permission for my audiological records to be released to RIT/NTID. (If under 18, parent/guardian signature required.)

Signature_____

**Parent/Guardian:** I give permission for my son/daughter's audiological records to be released to RIT/NTID.

Signature_____

## Part B (To be completed by certified audiologist, CCC-A)

All the information below is required for every applicant. Submitted **unaided** audiograms should be from within three years of the application date, or more recently if loss is progressive. **Please return this completed form as soon as possible.**

1. **Onset of hearing loss** ☐ At birth ☐ Other_____
Month / Year

2. **Cause of hearing loss** _____

3. **Hearing aid/cochlear implant information**

a. The applicant uses a hearing aid: ☐ All the time ☐ Only in classroom settings ☐ Never

b. The applicant uses a cochlear implant: ☐ All the time ☐ Only in classroom settings ☐ Never

c. The applicant uses an FM System: ☐ Only in classroom settings ☐ Never

| | Right Ear | Left Ear |
|---|---|---|
| Make | | |
| Model | | |
| Style | | |
| Serial # | | |
| Age of aid/implant | | |

**(Continued on reverse side)**

**Applicant's Name** _____
First Last Middle Initial

**4. Audiometric Assessment** (please list test results **without** amplification)

**Date of Exam** _____
Month /Day/ Year

| Right Ear | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Frequency | 125 | 250 | 500 | 750 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| Hearing Level Air | | | | | | | | | | |
| Hearing Level Bone | | | | | | | | | | |

| Left Ear | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Frequency | 125 | 250 | 500 | 750 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |
| Hearing Level Air | | | | | | | | | | |
| Hearing Level Bone | | | | | | | | | | |

**5. Otologic history (surgery, middle ear infections, dizziness, tinnitus)**

_____

_____

**6. Speech Recognition**

| | Right | Left |
|---|---|---|
| **% Correct** | | |
| **Presentation Level** | | |
| **Test Materials** | | |
| **Recorded** | | |
| **Live Voice** | | |
| **Visual Cues Used** | | |

**Please attach any additional supporting documents.**

Signature _____
Audiologist

Name _____
(Please print)

Title/Position _____

Address _____
Number Street

_____
City State Zip

Email _____

Phone (  ) _____ Fax (  ) _____

**Please mail or fax completed form to:**

**Rochester Institute of Technology**
NTID Office of Admissions
52 Lomb Memorial Drive
Rochester, New York 14623-5604
585-475-6700
585-743-1366 (Videophone)
866-644-6843 (Toll free)
585-475-2696 (Fax)