## St. Theresa School Hearing Loss Action Plan (2018-2019)



Name (Last)	(First)	Grade
Parent/ Guardian	Cell (M	i)
Parent/ Guardian	Cell (D)	
Diagnosis	Year of Diagnosis	
Indicate below type and severit	ty:	
	with outer-middle ear. to dysfunction of the inner ear, audito he temporal lobes of the brain.	ory nerve damage, or damage to
Severity	nation of both conductive and sensoring 0-40 dB, quiet speech is inaudible) e (40-60 dB, average speech is inaudible) 60-80 dB. Loud speech is inaudible) d (greater than 80 dB, all speech is ina	ole)
Cause of the hearing deficit, if known		
Current medical management		
Past and current use of amplification a	and its effectiveness	
<ul> <li>Student's speech and language de</li> <li>Interventions that may help</li> <li>Indicate which, if any classroom</li> </ul>	use and care of hearing aids, if applicativelopment  environments are an issue (i.e. noise fragments)	om other classrooms, hallways,
Parent / Guardian	I	Date