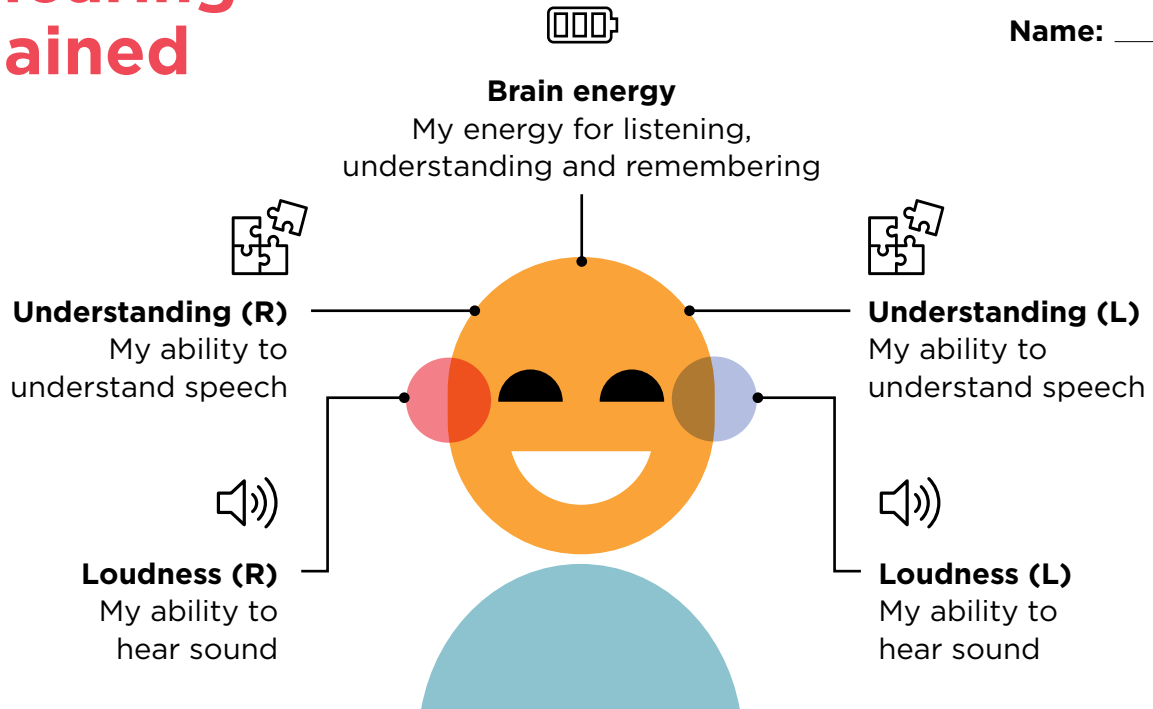


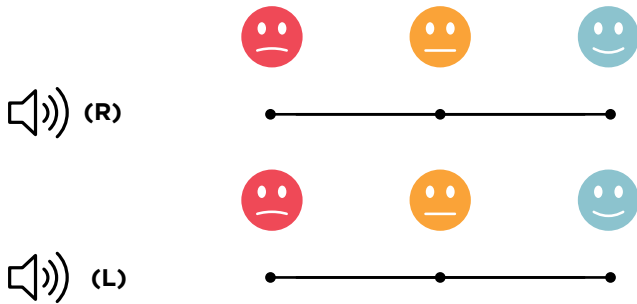
# My Hearing Explained

Date: \_\_\_\_\_

Name: \_\_\_\_\_



## My ability to hear sound:



## My everyday life

What I can hear:

\_\_\_\_\_

\_\_\_\_\_

What I struggle with:

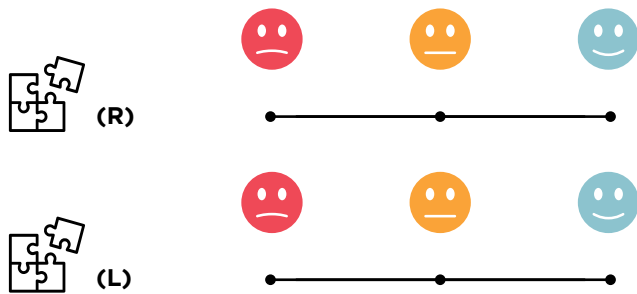
\_\_\_\_\_

\_\_\_\_\_

Who and where would I like to hear better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## My ability to understand speech:



## My next steps

Technology to help me:

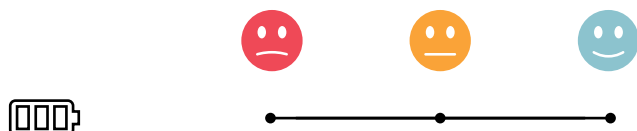
\_\_\_\_\_

\_\_\_\_\_

What can I do to hear my best:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## My energy for listening:



How can others help me hear my best:

\_\_\_\_\_

Other:

\_\_\_\_\_