

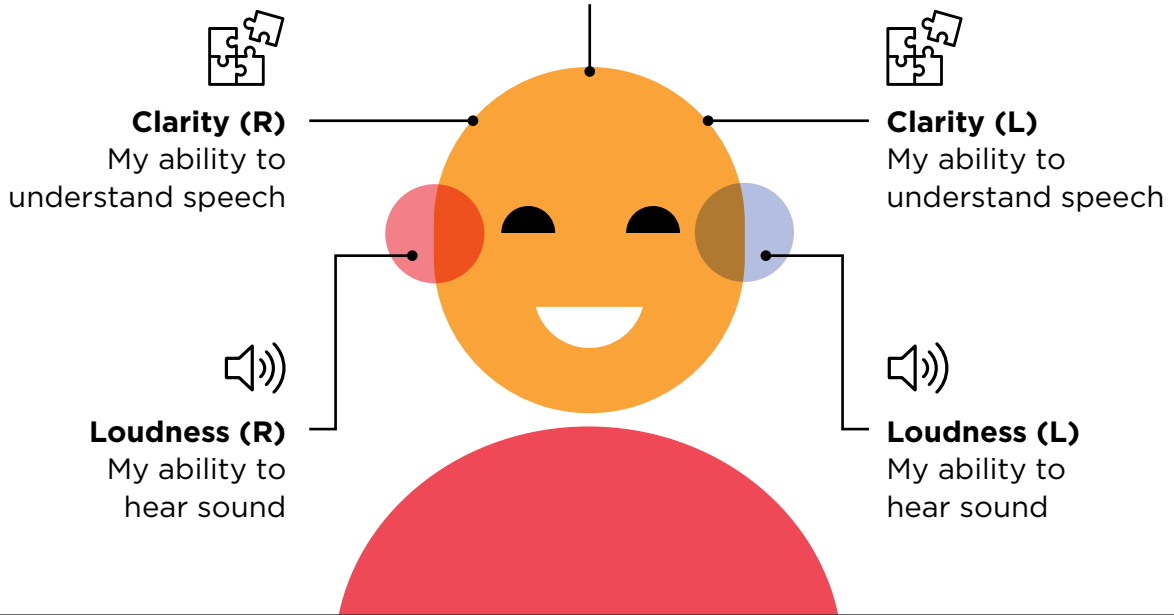
My Hearing Explained

Date: _____

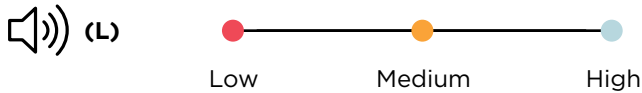
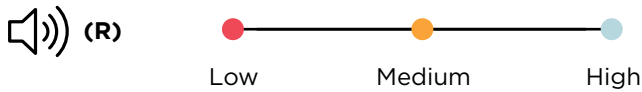
Name: _____



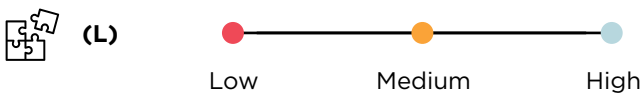
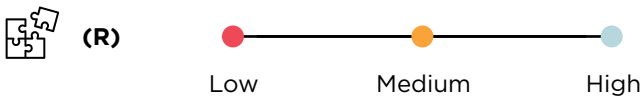
Brain energy
My energy for listening



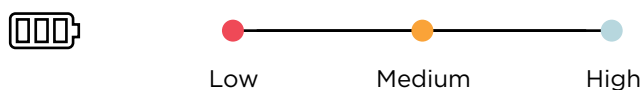
My ability to hear sound is:



My ability to understand speech is:



My energy for listening is:



My everyday life

What I struggle with:

What I can hear:

My most important communication situations:

1. _____

2. _____

3. _____

My next steps

Technology to help me:

My communication strategies:

1. _____

2. _____

3. _____

Other:
