

# Listen with your child

My child's name: ..... My child's date of birth: .....

My child is (years old)  04  05  06  07  08  09  10  11  12  13+: .....

Date this questionnaire was completed: ..... Completed by: .....

**Rarely** = once a month or less

**Usually** = 3-4 times a week

**Sometimes** = once a week

**Always / As Appropriate** = daily

## My language with my child

### 1. I have a conversation with my child

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
.....  
.....

### 2. When in the day do I / could I have a regular conversation with my child?

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
.....  
.....

### 3. I use more comments than questions and relate my child's comments to things we have done or experienced

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
.....  
.....

### 4. I use pausing, comments and questions to encourage longer conversations

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
.....  
.....

**Questionnaire**

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**5. My child & I do shared activities when I can build upon what they are thinking about**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
.....  
.....

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**6. I know my child's hearing technology is working (When do I check it as well as my child?)**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**7. I review the background noise levels at home and at school**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**8. I help my child remember by using visual calendars and making sure they have water at school, go to bed on time and eat their meals**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**9. I ask my child to remember something for me during the day**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**10. I read a story to my child (even if they can read independently)**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
.....  
.....

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What am I aiming to remember?

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.....  
.....  
.....  
.....

## Identifying my child's listening strengths and needs

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### 1. My child has relaxed long conversations with others

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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### 2. My child is learning language within their environment which has not been taught to them

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
.....  
.....

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### 3. My child checks and maintains their hearing technology independently

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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### 4. My child is wearing their cochlear implant all day

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
.....  
.....

Questionnaire

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**5. My child organises themselves for school independently**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**6. My child remembers an instruction or information for long enough to be able to complete a task**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**7. My child learns new words**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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**8. My child will listen to a story and remembers details from previous days**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
.....  
.....

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**What am I aiming to focus upon with my child?**

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.....  
.....  
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Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always follow the directions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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