Texas Workforce Commission
Vocational Rehabilitation Services

Hearing Evaluation Report
Hearing Aid Recommendations

Instructions

To be completed by the audiologist or hearing aid specialist. Please complete all of the form and attach the audiogram. All fields must be completed except where indicated as optional.

Participant/Customer Information

Customer name:	Case ID:
Customer phone:	Date of birth:

Hearing Aid Recommendations

Information for Hearing Aid Dispensers

VRS purchases hearing aids from contracted manufacturers. When evaluating VRS customers, please recommend the products that best meet the customer's needs from the manufacturers below. If the required product (or a comparable product) is not available from one of these manufacturers, contact the VRS counselor.

Hearing Aid Manufacturer

☐ Beltone	☐ ReSound	☐ Siemens/Signia	☐ Sonova - Phonak	☐ Starkey
☐ Oticon	☐ Rexton	☐ Sonic Innovations	☐ Sonova - Unitron	☐ Widex

Style of Hearing Aid(s)

Ear	BTE	ITE-FS	ITE-HS	RITE	RIC	ITC	CIC*	CROS	None
Right	☐	☐	☐	☐	☐	☐	☐	☐	☐
Left	☐	☐	☐	☐	☐	☐	☐	☐	☐

*Provide vocational justification for CIC purchase, such as additional benefits the CIC offers, how the CIC meets the educational or employment needs of the customer, and compatibility with other assistive technology (for example, telephone amplifiers and FM systems):

Models of devices requested:

Right Aid:	**Left Aid:**

Rechargable Battery? ☐ **Yes** ☐ **No**

Accessories:

Color and Color Code:

Receiver information:

Note: Manual T-Coil activation is required – if one is not included in the model/style of the aid, vocational justification must be made below:

Earmold Information		
Earmold Supplier	**Right**	**Left**
Earmold not needed or Dome will be used	☐	☐
Earmold to be provided by Dispenser; Requesting VRS authorization/payment to Dispenser	☐	☐
Earmold to be provided by Hearing Aid Manufacturer; Requesting VRS authorization/payment to Hearing Aid Manufacturer	☐	☐
Style of mold (if applicable)		

Pricing	**Lowest List Price**	**VRS Cost**
Right Aid		
Left Aid		
Earmolds		
Accessories		
Accessories		
Accessories		

Justifications
Describe how the hearing technology recommended, along with accessories named above is expected to improve the customer's ability to hear and communicate more effectively in the areas identified below.
Work and training environments (VR):
Daily independent living activities that might affect success by:

Examiner name:	
Examiner address:	
Examiner phone:	
Examiner's signature:	Examination date:
All information is to be treated as confidential. Examinee has the legal right to see this report when the examinee requests.	

TWS – STAFF ONLY		
Hearing Aid Dispenser Service Charge		
EAR	**MANUFACTURER'S LOWEST LIST PRICE**	**SERVICE CHARGE**
Right		
Left		