

## Contact List of Professionals

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Below is the contact information for professionals who work with my child.

### Child's Name:

#### Parent Contact Info

Parents' Names  
Home Phone(s)  
Cell Phone(s)  
Work Phone(s)  
Email(s)

#### Implant Center/Personal Audiologist

Contact this person if your child seems to have trouble hearing, or the equipment is not working properly.

Name/Affiliation  
Phone  
Email  
Fax

#### School District Audiologist

Contact this person if you have a question about your child's hearing equipment.

Name/Affiliation  
Phone  
Email  
Fax

#### Itinerant Teacher for Deaf Children

Contact this person if you have questions about how best to serve your child's development.

Name/Affiliation  
Phone  
Email  
Fax

#### Speech-Language Pathologist/Auditory Verbal Therapist

Contact this person if you have a question about how best to help your child hear or learn language, or if you have a specific question about your child's speech and language development.

Name/Affiliation  
Phone  
Email  
Fax

**Cochlear Implant Manufacturer Customer Service**

Contact this person if you have a question about your child's cochlear implant equipment.

Name/Affiliation  
Phone  
Email  
Fax  
Website Address

**FM System Representative**

Contact this person if you have a question about using an FM system, or if your child experiences a technical difficulty with an FM system.

Name/Affiliation  
Phone  
Email  
Fax  
Website Address

**IEP Representative from the County/District**

Contact this person if you have a question about the IEP process, or if the team wishes to revise the IEP document.

Name/Affiliation  
Phone  
Email  
Fax

**Pediatrician**

Contact this person if your child is experiencing a medical or health problem.

Name/Affiliation  
Phone  
Email  
Fax

**Other Key Contacts for My Child**

These contacts may include a hearing aid provider, occupational therapist, and/or interpreter/translator.

Name/Affiliation  
Phone  
Email  
Fax

Name/Affiliation  
Phone  
Email  
Fax