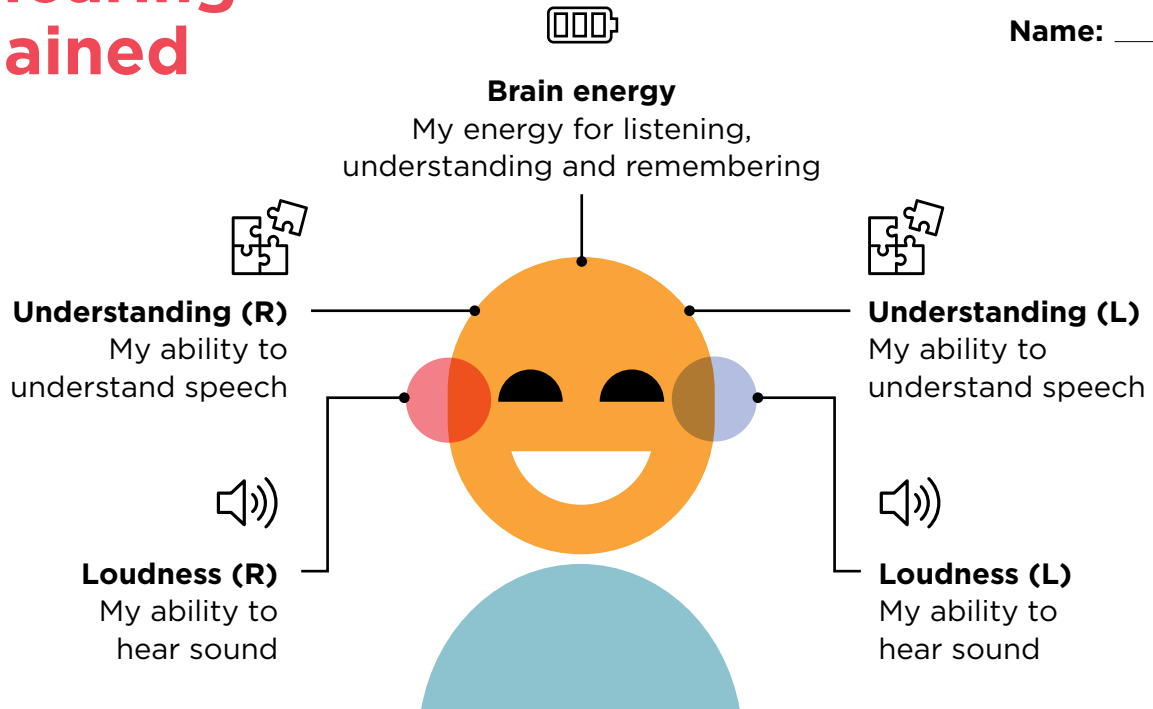


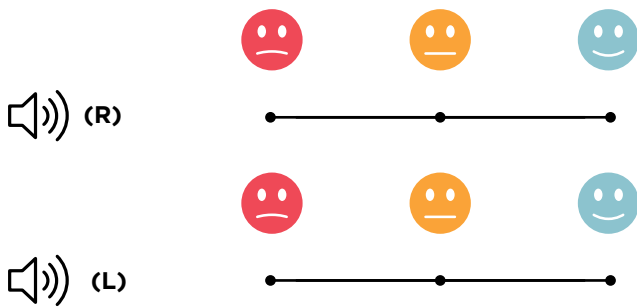
# My Hearing Explained

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

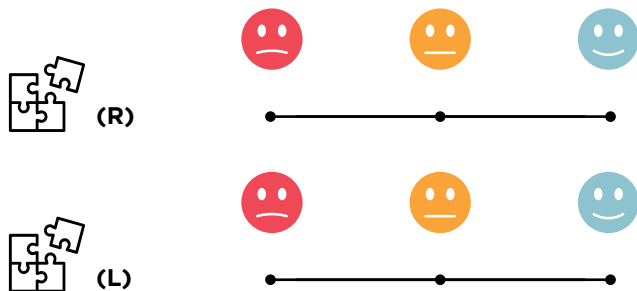
Name: \_\_\_\_\_



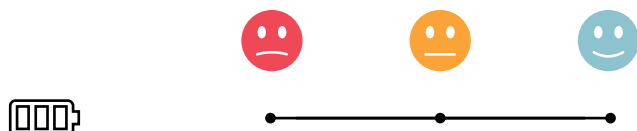
## My ability to hear sound:



## My ability to understand speech:



## My energy for listening:



## My everyday life

What I struggle with:

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What I can hear:

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Who and where would I like to hear better:

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

## My next steps

Technology to help me:

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What can I do to hear my best:

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

How can others help me hear my best:

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Other:

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