Cambridgeshire Hearing Support Service model for caseload weighting for young adults (16+) who are in full time further education and who do not have special needs other than hearing loss

Name: ___________________________ Date: ______________

Is young adult's hearing loss greater than 70dB in the better ear? (Severe & Profound loss).

- **Yes**: Consistent hearing aid user (with or without FM) in mainstream school?
  - **Yes**: Half Termly/Termly visit
  - **No**: Initial transfer visit/advice and then ‘On Request’

- **No**: Consistent hearing aid user in further education?
  - **Yes**: Termly/Biannual visit
  - **No**: Initial transfer visit/advice and then ‘On Request’

Consistent hearing aid user?

- **Yes**: Paper Annual after input with student/family/college
- **No**: Refuses to wear them?
  - **Yes**: Biannual/Annual visit (Newly diagnosed young adults may need more regular visits initially)
  - **No**: Consistent hearing aid user in mainstream school?
    - **Yes**: Termly/Biannual visit
    - **No**: Initial transfer visit/advice and then ‘On Request’

Does the young adult have a hearing aid(s)? (e.g. aided for mild / unilateral loss)

- **Yes**: Biannual/Annual visit (Newly diagnosed young adults may need more regular visits initially)
- **No**: Refuses to wear them?
  - **Yes**: Paper Annual after input with child/family/school
  - **No**: Does the young adult have a unilateral loss but no hearing aid?
    - **Yes**: Paper Annual. NB Phone call & paper info to family on diagnosis. Contact with college on entry
    - **No**: Consistent hearing aid user?
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<table>
<thead>
<tr>
<th>Justification for increased or decreased visit frequency attached?</th>
<th>YES</th>
<th>NO</th>
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**Child’s Name:** ___________________________________________  **Date:** ____________________

**Justification for increased or decreased visit frequency:**

**TOD:**  
**Line manager:**  
**Date:** ____________________