

## INCREASING HEARING AID WEAR TIME: A BASIC TEMPLATE FOR PARENTS

*This basic template is designed to be filled out in person by the clinician and the family together. The clinician should first ask questions to determine the appropriate goal and reinforcer before filling out this sheet with the family. The child should also be included as much as possible when filling out this template.*

**Child's Name:** \_\_\_\_\_

**Goal:** \_\_\_\_\_ will wear their hearing aid for  
\_\_\_\_\_.

**Reinforcer:** When \_\_\_\_\_ wears their hearing aid  
for \_\_\_\_\_, they will get to have  
\_\_\_\_\_.

**Remember:** They will only get to have \_\_\_\_\_  
when they wear their hearing aid for \_\_\_\_\_.