

Hearing Aid Evaluation Review

| Name: | | Date: |
|--|--------------------|---------------------------------------|
| Did they end up purchasing? Yes / No | Model: | Price: |
| What were their objections? | | |
| 1 | | · · · · · · · · · · · · · · · · · · · |
| 2 | | |
| 3 | | |
| How did you respond to their objections? | How were they | received? |
| | | |
| | | |
| What were their non-verbal cues? Did the | | |
| | | |
| | | |
| Did you come across confident and profes | ssional? Yes / No | 0 |
| In what areas could you have sounded me | ore confident? | |
| | | |
| If you could go back, what would you do | differently to hav | ve a more positive outcome? |
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