

Deaf/Hard of Hearing Student Questionnaire

Name _____ Date _____

1. When was your hearing loss discovered?

2. Are you currently using Sign Language? Yes No

If yes, a. How old were you when you began using sign language?

b. Where did you learn sign language?

c. What sign language system do you use?

ASL PSE SEE MCE Contact

3. How do you communicate with your family and friends? (check all that apply)

Sign Language Gestures (Body Language)

Speech/Speechreading Writing

4. What is your preferred mode of communication in your school? (check all that apply)

	<u>Sign Language</u>	<u>Sign Language/Speech</u>	<u>Speech</u>
<u>Only</u>			
High School	_____	_____	_____
College	_____	_____	_____

5. Have you ever worked with an interpreter? YES NO

If yes, (check all that apply) Sign Language Oral
 Tactile Close Vision

6. Do you wear hearing aids? Yes No
If yes, Right Left Both

7. When was your last audiogram? _____ Where? _____

8. Do you have difficulty hearing in: (check)

One-to-one settings Group settings
 Background noise Using the telephone

9. What is your preferred method of contact or notification?

TTY email VRS Text

Please provide contact info: _____

10. Do you use a telephone amplifier? YES NO

11. Do you know about or have you used a FM System?

YES NO

12. Would you like to request a FM system as an accommodation?

YES NO

13. Do you know about alerting devices for deaf or hard-of-hearing such as vibrating alarm clocks, visual smoke detectors, door bells, and telephone alerting devices?

YES NO

14. Other information we should be aware of:
