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)

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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:

    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________