Copper Mountain College
Disabled Student Program and Services

SELF ASSESSMENT FOR THE HEARING IMPAIRED

Please fill in all the information that you know.

NAME:_____ DATE:_____

Email: _____

Language: First: _____ Second:_____

Third:_____ Fourth: _____

1. Hearing & Communications Factors:

a. Degree of hearing loss (circle) Mild Moderate Severe Profound

b. Age you became deaf/hard of hearing _____ Cause: _____

c. Do you use a hearing aid(s)? Yes No Age Started: ____ Age Stopped:____

d. Do you use a hearing aid now? Yes No Sporadically Regularly

e. Do you use sign language? Yes No Age Started: _____

f. Rate yourself on your proficiency: (circle)

1. Use of speech: Good Fair Very Little None
2. Use of speechreading: Good Fair Very Little None
3. Use of sign language: Good Fair Very Little None

2. How well does your family hear? (circle)

a. Father: Normal Hearing Hard of Hearing/Deaf Signing

b. Mother: Normal Hearing Hard of Hearing/Deaf Signing

c. Siblings: Normal Hearing Hard of Hearing/Deaf Signing

d. What is the primary means of communication used by your family?
Speech/Oral Sign Both Written Notes

3. <u>Education Background</u>:

Type of educational programming (mark the kind of school you attended)

Primary (age 0-5 yrs)	Elementary (age 6-12 yrs)	High School (age 13-18 yrs)	Regular:	Tutor:	Signing:	Oral:	Resident Oral:	Resident Sign:	Other:

High School: _____ Date Graduated: _____

College(s): _____ Date Graduated or number of years attended: _____

4. <u>Rate your proficiency in the following areas as compared to other people who the have same amount of hearing as you</u>: (circle)

a. Reading Comprehension: Good Fair Poor

b. Written Sentence Structure: Good Fair Poor

c. Overall English Skills: Good Fair Poor

5. <u>What kind of interpreter do you want to support you in the classroom?</u> (circle)

a. American Sign Language: Most of the Time Sometimes Never

b. Pigeoned Sign English: Most of the Time Sometimes Never

c. Signed Exact English: Most of the Time Sometimes Never

d. Oral Method: Most of the Time Sometimes Never

e. Manual/Tactile: Most of the Time Sometimes Never

f. Low Vision: Most of the Time Sometimes Never

g. Cued Speech: Most of the Time Sometimes Never

6. **Please explain the kind of interpreter you find most helpful. Please explain if you usually voice for yourself or prefer the interpreter to voice for you. Please add any other information you think will help us find the right interpreter for you.**

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