

Student Information Guide

SECTION 11

Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam _____

Hearing loss identified

Right Ear	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Profound
Left Ear	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Profound

Onset of hearing loss _____ Etiology _____

2. Unaided Auditory Abilities (Check all that apply.)

- Attends to sounds
- High pitch
- Low pitch
- Voices
- Background noises
- Discriminates environmental vs. non-environmental sounds
- Turns toward sound
- Hears some speech sounds
- Understands synthesized speech

3. Student's Eye Contact and Attention to Communication (Check best descriptor.)

- Poor
- Inconsistent
- Limited
- Good
- Excellent

4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.
(Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tangible symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Student Communicates with Others Using (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> Picture cues | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____ | | |

Level of expressive communication:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

- Yes No

If yes, describe further. _____

8. Services Currently Used (Check all that apply)

- | | | | | |
|--|-------------------------------------|--|------------------------------|-------------------------------|
| <input type="checkbox"/> Audiology _____ | <input type="checkbox"/> Note taker | | | |
| <input type="checkbox"/> Educational interpreter using _____ | <input type="checkbox"/> ASL | <input type="checkbox"/> Transliterating | <input type="checkbox"/> PSE | <input type="checkbox"/> Oral |

9. Equipment Currently Used (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD |
| <input type="checkbox"/> FM system | <input type="checkbox"/> Other _____ | |

10. Present Concerns for Communication, Writing, and/or Educational Materials

- | | |
|--|--|
| <input type="checkbox"/> Cannot hear teacher/other students | <input type="checkbox"/> Cannot respond to emergency alarm |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

11. Current communication functioning (Check all that apply)

- Desires to communicate
- Initiates interaction
- Responds to communication requests
- Reads lips
- Appears frustrated with current communication functioning
- Requests clarification from communication partners (“Would you please repeat that?”)
- Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level _____

Summary of Hearing Abilities and Concerns _____