

## Questionnaire for parents of Deaf and Hard of Hearing Children

Child's Name:

Age:

DOB:

Is your child deaf or HH? Yes                  No

If yes, what is the hearing level?

Does your child use ASL as a first language? Yes          No          Other

Have your child had exposure to sign language? Yes          No          Some exposure

Is ASL used in your home Yes          No          Not regularly

Does your child have learning challenges? Yes          No

Does your child have medical challenges? Please include allergies as well.

Does your child get services from DCS          , BC Families Hearing Resource Society          ,  
Children's Hearing and Speech Centre

Which weeks would you like to sign up your child for?

July 3-7

July 10-14

July 17-21

July 24-28

Parent Signature

Date

(Typed signature is accepted)