

Questionnaire for parents of Hearing Children

Child's Name

Age

DOB

Is your child a CODA or SODA? Yes No

Does your child have regular exposure to ASL? Yes No

Is ASL used in your home? Yes No

Does your child have learning challenges? Yes No

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

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