

Student: _____

Parent _____

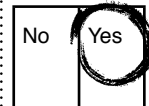
Parent-page 1

Does your child....

Homework

1. have homework?	No	Yes
2. finish homework on time?	No	Yes
3. bring all materials home?	No	Yes
4. focus on homework so homework is completed on time?	No	Yes
5. want to finish homework?	No	Yes
6. think of homework early enough, so has time to finish?	No	Yes
7. finished homework without reminders?	No	Yes
8. stay with the assignment until it is completed?	No	Yes
9. understand what is expected in the assignment?	No	Yes
10. realizes when drill and practice of material is needed?	No	Yes
11. take the time to practice and learn the material?	No	Yes
12. work without supervision, once assignment is clear?	No	Yes
13. accurately tell you what happened at school?	No	Yes
14. remember to bring homework back to school?	No	Yes
15. use a planner to know WHAT needs to be done?	No	Yes
16. use a planner to know WHEN things need to be done?	No	Yes
17. know when help is needed and accepts that help?	No	Yes
18. seek help when it is needed?	No	Yes
19. accept help when help is given?	No	Yes
20. know what to do independently when stuck on an assignment?	No	Yes
21. utilize online homework information and tutorials?	No	Yes
22. check with a classmate for understanding or confirmation about assignments?	No	Yes

Comments (feel free to continue on back of form):



Instructions: Complete items that makes the most sense for your child by circling one of the 2 choices for each appropriate item. The instrument's purpose is to inventory your child's access to the school curriculum. Know that your comments in each section is vital to the data collected with this instrument.

Does your child....

Hearing

1. have amplification (cochlear implant, BAHA, or hearing aid)?	No	Yes
2. wear amplification at home?	No	Yes
3. make sure to have amplification when leaving for school?	No	Yes
4. advocates for a quiet listening environment for good listening?	No	Yes
5. depend on parents to arrange a quiet listening environment?	No	Yes
6. often say "what" when someone is talking?	No	Yes
7. often ask for people to repeat what they said?	No	Yes
8. misunderstand what is said at home?	No	Yes
9. get frustrated when not understanding?	No	Yes
10. play t.v. or music loudly?	No	Yes
11. talk to friends on the phone?	No	Yes
12. communicate with friends—Skype, e-mail, instant message, text,.... social media?	No	Yes
13. hear others accurately?	No	Yes
14. seem self conscious about hearing issues?	No	Yes
15. take good care of the amplification?	No	Yes
16. frequently lose amplification components?	No	Yes

Comments (feel free to continue on back of form):

No	Yes
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Is your child's speech....

Speech

1. intelligible (you understand clearly what your child said) to you?	No	Yes
2. intelligible to family members?	No	Yes
3. intelligible to adult neighbors?	No	Yes
4. intelligible to peer neighbors?	No	Yes
5. intelligible to unfamiliar adult neighbors?	No	Yes
6. intelligible to unfamiliar peer neighbors?	No	Yes

Comments (feel free to continue on back of form):

My child....

Involvement

1. follows simple one-step instructions.	No	Yes
2. follows complex instructions, with more than one instruction.	No	Yes
3. participates in family activities.	No	Yes
4. understands when there are changes in routine.	No	Yes
5. understands what is expected at home.	No	Yes
6. asks for help when unsure.	No	Yes
7. asks to have words repeated when not sure.	No	Yes

Comments (feel free to continue on back of form):

My child....

Communication

1. tries to communicate with peers.	No	Yes
2. tries to communicate with adults.	No	Yes
3. uses language to gain information.	No	Yes
4. is confident communicating with others.	No	Yes
5. understands what parents say.	No	Yes
6. understands what peers say.	No	Yes
7. understands what adults say.	No	Yes
8. communicates information successfully to others.	No	Yes
10. uses turn-taking when communicating with others.	No	Yes
11. has the language to use manners (please, thank you,...).	No	Yes
12. answers others when asked a question.	No	Yes
13. stays on topic with their contribution to a conversation.	No	Yes
14. is able to change topic of conversation.	No	Yes
15. uses language to successfully get information.	No	Yes
17. greets others with a "hi" or "good morning"....	No	Yes
18. has an effective plan when not understanding others.	No	Yes
19. has an effective plan when not understood.	No	Yes
20. asks peers to repeat when not understanding.	No	Yes
21. asks adults to repeat when student not understanding.	No	Yes
22. can accurately sequence and retell events.	No	Yes
23. will chit chat with others.	No	Yes
24. uses and understands jargon.	No	Yes
25. can understand a joke.	No	Yes

Comments (feel free to continue on back of form):

My child....

Accommodations

1. uses closed captioning at home.	No	Yes
2. uses amplification when talking with others.	No	Yes
3. attends events/activities with deaf and hard of hearing.	No	Yes
4. uses sign language at home.	No	Yes
5. uses sign language in the community.	No	Yes
6. uses cued speech at home.	No	Yes
7. uses cued speech in the community.	No	Yes
8. uses CPrint for home activities.	No	Yes
9. uses CPrint while out in the community.	No	Yes
10. positions themselves to see the person's face.	No	Yes
11. asks for help when needed.	No	Yes
12. asks to have information repeated, when needed.	No	Yes
13. has requested a sign language interpreter for an activity.	No	Yes
14. has requested CPrint or other visual assistance.	No	Yes
15. has turned down the volume of the tv to hear others better.	No	Yes
16. has shared information about the hearing loss.	No	Yes
17. has explained to someone about specific hearing needs.	No	Yes
18. approaches another for a printed copy for information.	No	Yes

No	Yes
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Explain a misunderstanding your child might have had because of hearing loss (misheard information or directions,...).

Comment: