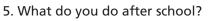
Children's Peer Relationship Scale Elementary School Survey		
Name:		Date:
1. How do you feel about a I like school. School is okay. I don't like scho Comments:		
I have one goo	nds in school? Dod friends in school. Dod friend in school. Dod friends in school.	
3. Do you have a best frier I have a best fr I sort of have a No one is really Comments:	riend.	
	-	

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I usually see friends after school.

- Sometimes I see friends after school.
- I never see friends after school.



6. Do the other kids tease you about your hearing loss?



Sometimes kids tease me about my hearing loss.

No one teases me about my hearing loss.

Other kids tease me a lot about my hearing loss.

Comments:

7. Do you know other kids who have a hearing loss?



I know other kids who have a hearing loss.

- I know one other kid who has a hearing loss.
- I don't know other kids with hearing loss.



Comments:

8. What do you think about your hearing aids/cochlear implants?

I really like wearing my hearing aids/cochlear implants.

My hearing aids/cochlear implants are okay.

I hate wearing my hearing aids/cochlear implants.

English, K. (2002). In Counseling children with hearing impairment and their families. Boston: Allyn & Bacon. Reprinted and reformatted with permission of the author.

Age Range: Grades K-6

I really like we
 My hearing ai
 I hate wearing
 Comments:

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