

About You

First Name	
Last Name	
School Year	

What would you like others to know about you?	
What are your strengths?	
What are your interests and hobbies?	

About your hearing loss

Are there any devices you use to help you with your hearing?	
How confident are you in using your devices?	
How do you prefer people to communicate with you?	
When did you first know about your hearing loss?	

About your school

<p>Are there any supports that would help you in the classroom?</p>	
<p>Are there any other supports you use, or therapies you are undertaking outside of school?</p>	
<p>Are you happy for other people to know about your hearing loss?</p>	
<p>Are there any simulators or other resources that would assist other people better understand your experience of hearing loss?</p>	
<p>Do you have any seating preferences in class?</p>	



Student Profile

Parent Questions

Parent/Family Priorities	
When did you child first access early intervention?	
Student language/communication level	
Student's hearing impact on their day to day life	
Student's strengths	
What should the teacher know	
Areas of student's learning you would like to see improvement in	