

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_



## WATI Student Information Guide

### SECTION 11

### Hearing

*A hearing specialist should be consulted to complete this section.*

#### 1. Audiological Information

Date of last audiological exam \_\_\_\_\_

Hearing loss identified

Right Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound
Left Ear	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Profound

Onset of hearing loss \_\_\_\_\_ Etiology \_\_\_\_\_

#### 2. Unaided Auditory Abilities (Check all that apply.)

- ☐ Attends to sounds
- ☐ Discriminates environmental vs. non-environmental sounds
- ☐ Turns toward sound
- ☐ Hears some speech sounds
- ☐ Understands synthesized speech
- ☐ High pitch
- ☐ Low pitch
- ☐ Voices
- ☐ Background noises

#### 3. Student's Eye Contact and Attention to Communication (Check best descriptor.)

- ☐ Poor
- ☐ Inconsistent
- ☐ Limited
- ☐ Good
- ☐ Excellent

#### 4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.  
(Check all that apply.)

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tangible symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**6. Student Communicates with Others Using** (Check all that apply)

- |                                                    |                                                 |                                                         |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Speech                    | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language                  |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures               | <input type="checkbox"/> Written messages               |
| <input type="checkbox"/> Signed English            | <input type="checkbox"/> Picture cues           | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____               |                                                 |                                                         |

**Level of expressive communication:**

- |                                       |                                               |                                     |
|---------------------------------------|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|-----------------------------------------------|-------------------------------------|

**7. Is There a Discrepancy Between Receptive and Expressive Abilities?**

- ☐ Yes    ☐ No

If yes, describe further. \_\_\_\_\_  
\_\_\_\_\_

**8. Services Currently Used** (Check all that apply)

- |                                                               |                                                                                                                                  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Audiology _____                      | <input type="checkbox"/> Note taker                                                                                              |
| <input type="checkbox"/> Educational interpreter using: _____ | <input type="checkbox"/> ASL <input type="checkbox"/> Transliterating <input type="checkbox"/> PSE <input type="checkbox"/> Oral |

**9. Equipment Currently Used** (Check all that apply.)

- |                                                                         |                                                         |                                              |
|-------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hearing aids                                   | <input type="checkbox"/> Cochlear implant               | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices                           | <input type="checkbox"/> Classroom amplification system | <input type="checkbox"/> TTY/TDD             |
| <input type="checkbox"/> FM system <input type="checkbox"/> Other _____ |                                                         |                                              |

**10. Present Concerns for Communication, Writing, and/or Educational Materials**

- |                                                                  |                                                                          |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Cannot hear teacher/other students      | <input type="checkbox"/> Cannot respond to emergency alarm               |
| <input type="checkbox"/> Cannot participate in class discussions | <input type="checkbox"/> Cannot benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays      | <input type="checkbox"/> Cannot use telephone to communicate             |

**11. Current communication functioning** (Check all that apply)

- ☐ Desires to communicate
- ☐ Initiates interaction
- ☐ Responds to communication requests
- ☐ Reads lips
- ☐ Appears frustrated with current communication functioning
- ☐ Requests clarification from communication partners ("Would you please repeat that?")
- ☐ Repairs communication breakdown (Keeps trying, changes message)

**12. Current Reading Level** \_\_\_\_\_

**Summary of Hearing Abilities and Concerns** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_