

MONTGOMERY COLLEGE
Disability Support Services

SELF ASSESSMENT

Please fill in all the information that you know.

NAME: _____

DATE: _____

Email: _____

Language: First: _____

Second: _____

Third: _____

Fourth: _____

1. Hearing & Communications Factors:

- a. Degree of hearing loss (circle) Mild Moderate Severe Profound
- b. Age you became deaf/hard of hearing _____ Cause: _____
- c. Do you use a hearing aid(s)? Yes No Age Started: ____ Age Stopped: ____
- d. Do you use a hearing aid now? Yes No Sporadically Regularly
- e. Do you use sign language? Yes No Age Started: _____
- f. Rate yourself on your proficiency: (circle)
 - 1. Use of speech: Good Fair Very Little None
 - 2. Use of speechreading: Good Fair Very Little None
 - 3. Use of sign language: Good Fair Very Little None

2. How well does your family hear? (circle)

- a. Father: Normal Hearing Hard of Hearing/Deaf Signing
- b. Mother: Normal Hearing Hard of Hearing/Deaf Signing
- c. Siblings: Normal Hearing Hard of Hearing/Deaf Signing
- d. What is the primary means of communication used by your family?
Speech/Oral Sign Both Written Notes

6. **Please explain the kind of interpreter you find most helpful. Please explain if you usually voice for yourself or prefer the interpreter to voice for you. Please add any other information you think will help us find the right interpreter for you.**
