

**SPEED / WATI Student Information Guide**  
**SECTION 12**  
**Hearing**

**Student:** \_\_\_\_\_ **Referring Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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"/>

## **SPEED / WATI Assessment Package**

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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. \_\_\_\_\_

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### **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** \_\_\_\_\_

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