The Partnership Project

Student History- Preschool

Thank you for your interest in the CDHL, HOPE School and Listen & Talk Partnership Project. As we work together to support your team and student, information and input will be critical. Please provide us with the following information about your student so that we can determine the recommended level of consult support needed. Please note that you may need to contact the family for different details listed below. Please call 360-696-6525 x0401 if you have any questions.

Date: _____ School District:_____ Student's School:_____
Child's Name: _____ DOB: _____ Grade: _____

Communication currently used by the child and team? ☐ ASL ☐ Listening and Spoken Language ☐ Total Communication
Degree/Nature of Loss: ☐ Mild ☐ Moderate ☐ Severe ☐ Profound ☐ Unilateral/Single-Sided ☐ Bilateral

Please check the technology worn/used by the student:

Hearing Aids		Cochlear Implant(s)		Personal FM		Sound Field		Worn all waking hours		Any Changes in past 12 mos	
L ☐	R ☐	L ☐	R ☐	L ☐	R ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

Did child receive services on an IFSP? ☐ No ☐ Yes Please specify: _____

Does the child have additional disabilities? ☐ No ☐ Yes Please specify: _____

Has the child been in peer groups previously? ☐ No ☐ Yes Please specify: _____

Factor/Description	**1**	**2**	**3**	**4**	**5**
How long did the student participate in early intervention designed for children who are deaf/hard of hearing?	☐< 6 mos.	☐6-12 mos.	☐13-18 mos.	☐19-29 mos.	☐30-36 mos.
Description of Student's Listening Skills is Available?	No; Yes-severe concerns ☐	Yes- great concerns ☐	Yes-moderate concerns ☐	Yes-mild concerns ☐	Yes- no concerns ☐
Level of Family Involvement with School Team	☐None	☐Little	☐Limited	☐Moderate	☐Strong
Spoken Language Level (referring to standard scores)	☐< 85	☐85-90	☐91-99	☐100-115	☐>115
Overall Developmental Level (standardize or criterion referenced)	☐6+ mos. Below	☐6 mos. Below	☐Age Level	☐6 mos. Above	☐6+ mos. Above
SDI/Related Services Delivered by Staff with Specialized Training in Deaf Education/Hearing Loss and/or Listening and Spoken Language (LSL) Training/Listening and Spoken Language Specialist (LSLS) Certified***	☐No		☐Yes, not LSL trained		☐LSLS Certified Professionals

**** Complete only if child receives SDI or related services.*

Any Additional Comments: _____