The Partnership Project

Student History- School Age

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		Changes in past 12 mos	
L ☐	R ☐	L ☐	R ☐	L ☐	R ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐

Does this student have additional disabilities? ☐ Yes ☐ No 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 Academic Level (referring to grade level expectations)	☐6+ mos. below	☐6 mos. below	☐Grade Level	☐6 mos. above	☐6+ mos. above
Class Participation	☐Concern		☐Moderate Concerns		☐No Concerns
Attention	☐Concern		☐Moderate Concerns		☐No Concerns
Number of minutes of SDI and/or Related Services	☐> 121 min.	☐91- 120 min.	☐61- 90 min.	☐20-60 min.	☐0 min.
SDI/Related Services Delivered by Staff with Specialized Training in Deaf Education/Hearing Loss	☐No		☐Yes, not LSL trained		☐LSLS Certified Professionals OR SDI/Relatedservices not needed
Partnership Project Part of Student's Team Previously	☐No	☐1 yr.	☐2 yrs.	☐3 yrs.	☐4 yrs.

Any Additional Comments: _____