Deaf Student Interview Checklist

General Information

☐ Student name: ____________________________________________________________

☐ Date: __________________________________________________________________

☐ Year in school: __________________________________________________________________

☐ Intended major: __________________________________________________________________

Background on Disability

☐ Verified documentation: __________________________________________________________________

☐ Date of most recent audiogram: __________________________________________________________________

☐ Identity (D/deaf, hard of hearing, late deafened, other): __________________________________________________________________

☐ Disclosure of additional disabilities with documentation: __________________________________________________________________

Communication and Social Skills

☐ First language and preferred mode of communication: __________________________________________________________________

☐ Interaction in different environments (class, small groups, one-on-one meetings, work, home): __________________________________________________________________

☐ Preferred communication or access accommodation in classroom environment (interpreters, speech-to-text, assistive listening device, etc.): __________________________________________________________________

Technology and Personal Devices

☐ Hearing aids
  ▪ Type: __________________________________________________________________
  ▪ Number of years using: __________________________________________________________________
  ▪ Attachments (streamer, boot, shoe, etc.): __________________________________________________________________
  ▪ T-coils: __________________________________________________________________
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☐ Cochlear implants
  • Type: ___________________________________________________________
  • Number of years using: ___________________________________________
  • Bilateral or unilateral: ___________________________________________

☐ Other assistive listening devices (FM system): _______________________

☐ Other: __________________________________________________________

☐ Technology needs in dorm (fire alert device, alerting doorbell, etc.): _______________________
  ________________________________________________________________
  ________________________________________________________________

Education Background

☐ Previous school setting (public or mainstream school, deaf school, home school, etc.):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Accommodations and services in previous school setting—whether used and for how long:

☐ Interpreters: _______________________________________________________

☐ Cued speech transliterators: _________________________________________

☐ Speech-to-text providers (CART, C-Print, TypeWell): ____________________

☐ Note takers: _______________________________________________________

☐ Assistive listening devices (FM system): _______________________________

☐ Videos with captions: _______________________________________________

☐ Testing accommodations: _____________________________________________

☐ Remote service providers: _____________________________________________

☐ Other: ___________________________________________________________
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Accommodations Requested

☐ Interpreters
☐ Cued speech transliterators
☐ Speech-to-text providers (CART, C-Print, TypeWell)
☐ Note takers
☐ Assistive listening devices (FM system)
☐ Videos with captions
☐ Testing accommodations
☐ Willing to work with remote service providers?
☐ Other: ____________________________

Student Roles and Responsibilities

☐ Signed and dated student accommodations agreement form
☐ Received copy of student handbook
☐ Reviewed student policy on cancellation and no-shows
☐ Reviewed process for requesting interpreters or captionists for outside classroom needs
☐ Reviewed process for service provider complaints
☐ Reviewed appeal procedure for accommodations

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www.nationaldeafcenter.org