



WEBER STATE UNIVERSITY

Disability Services

Deaf/Hard-of-Hearing Student Intake Questionnaire

In order to provide you with the most appropriate accommodations, please provide some information about your background. This information will be kept in your confidential file at Disability Services, and is only used for accommodation purposes.

Date: _____

Name: _____

1. Were you born deaf/hard-of-hearing? If not, at what age did you become deaf/hard-of-hearing?

2. Does anyone in your family know/use sign language?

3. Do you currently use a hearing aid or cochlear implant? Have you used one in the past?

4. What type of K-12 school did you attend? (Mainstream with interpreters, Residential School, Oral Training, etc.)

5. Have you ever used interpreters or transcribers in your classes before? If yes, what type did you use, and how was the experience?