

Enrollment Form: JTC's Distance Education for Parents of Young Children (0-5 years old) with Hearing Loss
Instantly fill this form online at pals.jtc.org or print this form, fill it out and mail it to the address at the bottom.

Parent 1 Information		You are the: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
First Name :		Middle Name:	Last Name:
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family Name:	Email:	
Occupation:		US Military Service? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
Primary Language:		Secondary Language:	
Parent 2 Information		Significant other is the: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
First Name:		Middle Name:	Last Name:
Occupation:		US Military Service? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
Mailing Address Information		Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
Address 1:			
Address 2:		City:	State
Postal Code:		Country:	
Home Phone:	Mobile Phone:	Work Phone:	
Preferred Contact Name: <input type="checkbox"/> Parent(s) First Name(s) <input type="checkbox"/> Parent(s) First & Last Name(s) <input type="checkbox"/> Parent(s) Last Name(s)			
Other Preferred Contact Name(s) <i>if not listed previously</i> :			
Distance Education Course Information			
Lesson Options: <input type="checkbox"/> Online - instant access <input type="checkbox"/> Regular Mail - <i>may take up to 3 weeks</i>		Lesson Materials: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Child Information			
First Name:		Middle Name:	Last Name:
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: (mm/dd/yyyy)	Prematurity? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many weeks?	
Was your baby healthy at birth? <input type="checkbox"/> No <input type="checkbox"/> Yes		History of childhood hearing loss in the family? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Recent hearing test or evaluations: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please mail, fax, or email a copy to JTC.</i>			
Medical, developmental, or other special needs:			
Age at diagnosis:	Year:	Month:	Cause, if known:
Amount of hearing loss:			
Right: <input type="checkbox"/> None <input type="checkbox"/> 26-40 dB mild <input type="checkbox"/> 41-55 dB moderate <input type="checkbox"/> 56-70 dB moderately-severe <input type="checkbox"/> 71-90 dB severe <input type="checkbox"/> 91+ dB profound			
Left: <input type="checkbox"/> None <input type="checkbox"/> 26-40 dB mild <input type="checkbox"/> 41-55 dB moderate <input type="checkbox"/> 56-70 dB moderately-severe <input type="checkbox"/> 71-90 dB severe <input type="checkbox"/> 91+ dB profound			
Devices your child is now using:		Age child started using device consistently: Year: Month:	
Cochlear Implant Model/Type:		Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	
Hearing Aid Model/type:		Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> BAHA <input type="checkbox"/> Body <input type="checkbox"/> Bone Conduction <input type="checkbox"/> Other	
If no listening device, why? <input type="checkbox"/> Not able to pay <input type="checkbox"/> Not available <input type="checkbox"/> Not obtained yet <input type="checkbox"/> Not recommended <input type="checkbox"/> Not wanted <input type="checkbox"/> Other:			
Current Services: <input type="checkbox"/> Early Intervention/Preschool <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical/Occupational Therapy			
Other Services:			

Developmental Checklist (check all that apply):

Motor: Holds head up Reaches for objects Sits by self Crawls Walks independently

Development: Picks up/eats finger food Uses spoon Helps dress self Plays with toys Enjoys simple games

Listening: Notices sounds Reacts to voice Enjoys noisy toys Imitates sounds Responds to spoken language

Communication: Understands gestures Uses single words Answers simple questions Looks at pictures and books Uses short sentences

Family Uses: Spoken Language Sign Language of Country (ASL, BSL, etc) Cued Speech Total Communication Other:

Current concerns about your child:

Other Children's Information

First Name	Middle Name	Last Name	Sex	Date of birth mm/dd/yyyy
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	

Release Information

I give permission for John Tracy Clinic to use:

Pictures of me and my minor child(ren) Portions of my written comments (with initials or first names only)

in the publication and promotion of educational materials without limitation or reservation.

Sign:

Date:

Optional Parent 1 Information

JTC is committed to respecting your privacy. Answers to the questions below will ONLY be used for collecting data and requesting funding.

Marital Status: Single Married Separated/Divorced Other:

Race: White Black, African American

American Indian or Alaska Native (Specify name of enrolled or principal tribe): _____

Hispanic (Specify, for example, Columbian, Cuban, Mexican, Puerto Rican and so on): _____

Asian Indian Japanese Chinese Korean Filipino Vietnamese

Other Asian (Specify, for example, Cambodian, Hmong, Laotian, Pakistani, Thai, and so on): _____

Native Hawaiian Samoan Guamanian or Chamorro

Other Pacific Islander (Specify, for example, Fijian, Tongan and so on): _____

Other Race (Specify): _____

Education: No formal schooling 1 - 8 years 9 - 11 years High School graduate
 13-15 years (some college) 16 years (college/university graduate) 16+ years (graduate school)

Employment Status: Student Part-time Full time Unemployed

Number of adults in household: _____ Number of children under 18 years old in household: _____ Number of languages used in home: _____

Housing: Own Rent Shared No permanent address Homeless

Does your family receive government financial assistance? Food Housing Transportation Other None

Do you have health insurance or receive medical financial help? Yes, for adults only Yes, for children only Yes, for whole family None

Do you use the Internet? No Yes Do you have a computer? No Yes

How did you hear about JTC? Suggestion from parent/friend Internet search Referral from professional: