

Registration Form: JTC's Distance Education for Parents of Young Children (0-5 years old) with Hearing Loss.

Complete this form online at <https://www.jtc.org/pals/en/> or print and mail to the address on the site.

Parent Information	I am <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
First Name _____	Last Name _____	
Email _____	Phone# _____	
Primary Language _____	Secondary Language _____	

Child Information	First Name _____	Last Name _____
Child's gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth ____/____/____	
Amount of hearing loss		
Right <input type="checkbox"/> None <input type="checkbox"/> 15-24 dB slight <input type="checkbox"/> 25-39 dB mild <input type="checkbox"/> 40-70 dB moderate <input type="checkbox"/> 71-90 db severe <input type="checkbox"/> 91+ dB profound		
Left <input type="checkbox"/> None <input type="checkbox"/> 15-24 dB slight <input type="checkbox"/> 25-39 dB mild <input type="checkbox"/> 40-70 dB moderate <input type="checkbox"/> 71-90 db severe <input type="checkbox"/> 91+ dB profound		
Hearing Device		
<input type="checkbox"/> Cochlear Implant Model/Type: _____	Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	
<input type="checkbox"/> ABI (Auditory Brainstem Implant) _____	Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	
<input type="checkbox"/> Hearing Aid Model/Type: _____	Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	
<input type="checkbox"/> BAHA (Bone-Anchored Hearing Aid) _____	Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	
Age child started using device consistently _____		
<input type="checkbox"/> No listening device. Explain. _____		
History of childhood hearing loss in the family? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Communication (check all that apply)
Family uses <input type="checkbox"/> Spoken Language <input type="checkbox"/> Sign Language of Country (ASL, BSL, LSF, LSM, etc.) <input type="checkbox"/> Cued Speech <input type="checkbox"/> Total Communication Listening <input type="checkbox"/> Notices sounds <input type="checkbox"/> Reacts to voice <input type="checkbox"/> Enjoys noisy toys <input type="checkbox"/> Imitates sounds <input type="checkbox"/> Responds to spoken language Language <input type="checkbox"/> Understands gestures <input type="checkbox"/> Looks at pictures and books <input type="checkbox"/> Uses single words <input type="checkbox"/> Answers simple questions <input type="checkbox"/> Uses short sentences Current Services <input type="checkbox"/> Early Intervention/Preschool <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical/ Occupational Therapy <input type="checkbox"/> Other Services: _____ _____
Current concerns about child _____

Release Information
I give permission for JTC to use in the publication and promotion of educational materials without limitation or reservation.
<input type="checkbox"/> Pictures of me and my minor child(ren) <input type="checkbox"/> Portions of my written comments (with initials or first names only)
Signature _____ Date _____

Distance Education	*If regular access on a mobile device or computer is NOT available you may request to receive materials by mail.
<input type="checkbox"/> I will use materials	<input type="checkbox"/> Online - instant access <input type="checkbox"/> Regular Mail - may take up to 2 weeks*

Address Information
Address _____
Address Line 2 _____
City _____ Postal Code _____ Country _____