JOHN TRACY CENTER (JTC)

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

Parent Information

You are the: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

First Name : _____ **Last Name:** _____ **Email:** _____

Primary Language: _____ **Secondary Language:** _____

Child Information

First Name: _____ **Last Name:** _____ **Child's gender:** ☐ F ☐ M

Date of Birth: ____/____/____ **History of childhood hearing loss in the family?** ☐ No ☐ Yes

Amount of hearing loss

Right: ☐ None ☐ 26-40 dB mild ☐ 41-55 dB moderate ☐ 56-70 dB moderately-severe ☐ 71-90 db severe ☐ 91+ dB profound

Left: ☐ None ☐ 26-40 dB mild ☐ 41-55 dB moderate ☐ 56-70 dB moderately-severe ☐ 71-90 dB severe ☐ 91+ dB profound

Hearing Device

☐ **Cochlear Implant Model/Type:** _____ **Side:** ☐ Left ☐ Right ☐ Both

☐ **ABI (Auditory Brainstem Implant)** _____ **Side:** ☐ Left ☐ Right ☐ Both

☐ **Hearing Aid Model/type:** _____ **Side:** ☐ Left ☐ Right ☐ Both

☐ **BAHA (Bone-Anchored Hearing Aid)** _____

Age child started using device consistently: _____

☐ **No listening device. Explain, why?** _____

Child's communication check all that apply):

Family uses ☐ Spoken Language ☐ Sign Language of Country (ASL, BSL, ISL, LSF,LSM, etc) ☐ Cued Speech ☐ Total Communication

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

Language ☐ Understands gestures ☐ Answers simple questions ☐ Uses short sentences ☐ Uses single words ☐ Looks at pictures and books

Current Services: ☐ Early Intervention/Preschool ☐ Speech/Language ☐ Physical/ Occupational Therapy ☐ Other Services:

_____

Current concerns about your child: _____

_____

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: _____

Distance Education Course

You wish to receive materials: ☐ Online - instant access ☐ Regular Mail - may take up to 3 weeks

Mailing Address Information

****If regular access on a mobile device or computer is NOT available you may submit a special request to receive the lessons by mail. ****

Address: _____

Address Line 2: _____

City: _____ **State Postal Code:** _____ **Country:** _____

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