

Family Sign Language Program Intake Form

Attention EI Providers: Please attach a release form from the parents/guardians.

Parent/Guardian Names:	Today's Date:
Street Address:	City/State/Zip:
Daytime phone number:	Evening phone number:
Email address:	Cell phone number:
Language spoken in the home:	
Child's Name:	Child's Date of Birth:
Child is (please circle one) Deaf Hard of Hearing	Gender: Male Female
Does the child have any additional special needs?	
Have you taken Level I of the Family Sign Language Program previously?	

Date that your child's hearing loss was identified:

By whom?

When were you referred to the Family Sign Language Program (FSLP)?

Who referred you?

Name of Early Intervention (EI) agency:

Address:

City/State/Zip:

EI contact person:

Email address:

Phone number:

Fax number:

Does your child have a daycare provider? Who?

Any other agencies/programs working with your family and/or your child?

Approximately how many people plan to join the family for the Family Sign Language Program classes?

Please list the ages of any siblings that may participate:

Please list at least 3 options of days of the week/times of the day that you would prefer for classes.

- 1)
- 2)
- 3)

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Please fax, mail, or email the form to the address below

Family Sign Language Program
Gallaudet University Regional Center at Northern Essex Community College
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