

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 options of days of the week/times of the day that you would prefer for classes.
<i>NOTE: Although classes are offered during daytime hours, many of our tutors have more availability during evening hours and on weekends.</i>
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
100 Elliott Street, Haverhill, MA 01830
978-556-3701 voice/tty 978-556-3703 fax 978-241-7057 vp
fslp@necc.mass.edu www.necc.mass.edu/gallaudet

