



Name: _____

Grade: _____ Date: _____

Self-advocacy means “understanding and seeking support for one’s personal rights”¹. It is important to learn these skills so that you can start taking responsibility for your communication needs and accommodations.

The *Self-Advocacy Checklist* is designed for students who are deaf and hard of hearing and contains suggested skills in the areas of personal health and medical information, hearing devices and other assistive technology use, and accommodations and consumer awareness.

To complete the checklist, check the boxes of the skills you feel that you know. Once completed, you can use this checklist to track the development of your self-advocacy skills. Talk with your audiologist, teachers or parents if you need assistance completing any of the items.

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<p>Personal Health/ Medical Information</p>	<p><u>Understanding hearing and hearing loss</u> I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe how the ear works and common disorders of hearing loss <input type="checkbox"/> describe pitch and loudness characteristics of the audiogram <input type="checkbox"/> describe my hearing loss (type, degree and configuration) <input type="checkbox"/> describe cause of my hearing loss if known <input type="checkbox"/> describe basic communication implications of my hearing loss <input type="checkbox"/> describe basic hearing loss prevention strategies <input type="checkbox"/> develop and rehearse a script for disclosing my hearing loss information and required accommodations <p><u>Access to health professionals</u> I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> identify pertinent medical and health specialists, their supporting roles, and how to locate them (audiology, otology, genetics, mental health/counseling) <input type="checkbox"/> identify my medical/health support persons
<p>Hearing Devices and Other Assistive Technology Use</p>	<p><u>Responsibility for equipment</u> I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> manage all operational components of my personal and assistive technology <input type="checkbox"/> troubleshoot my hearing and hearing assistance technology(HAT) and follow pre-determined procedures for getting equipment serviced <input type="checkbox"/> transport equipment to and from various school environments <input type="checkbox"/> notify the speaker or responsible person (my instructor, employer, audiologist) when my devices are not working properly <input type="checkbox"/> explain the various uses of my devices and demonstrate their flexibility (i.e. ability to couple to audio devices-computers, TV, PA system) <p><u>Use of individual amplification devices</u></p>

¹ English.K. (1997). *Self-Advocacy for Students who are Deaf or Hard of Hearing*. Austin, Texas: Pro-Ed

	<p>I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe the basic parts and functioning of personal and HAT devices including <ul style="list-style-type: none"> o program options in HA/CI/Baha o limitations of technology <input type="checkbox"/> describe the benefits and limitations of my technology in various situations including those outside of school <input type="checkbox"/> utilize the devices in different environments (i.e. lectures, small groups, pass around) <input type="checkbox"/> assist in training staff on my equipment <input type="checkbox"/> describe how to manipulate technology in difficult listening situations <input type="checkbox"/> describe how to connect my equipment into other audio devices <p><u>Use of assistive technologies</u></p> <p>I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe and demonstrate features of various assistive technologies to accommodate hearing loss (for example: telephone, captioning, alerting, text messaging devices) <p><u>Use of Resources</u></p> <p>I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrate use of the web to locate information and resources about hearing instruments and HAT <input type="checkbox"/> identify various funding options for hearing, HAT and other assistive technologies
<p>Accommodations and Consumer Awareness</p>	<p><u>Strategies to address learning and communication challenges</u></p> <p>I can...</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe my communication challenges <input type="checkbox"/> identify the accommodations that are helpful to me to address my communication and learning needs <input type="checkbox"/> discuss my Personal Profile and Accommodations Letter (PPAL) with instructors, employers, disability coordinators, VR counselors and use in my community <input type="checkbox"/> develop alternative strategies/solutions when accommodations not provided/available <input type="checkbox"/> describe my educational history (educational test scores, learning styles, communication abilities) and explain the skills that are my strengths and those that are challenges <input type="checkbox"/> identify the academic supports that I need when necessary <p>If High school:</p> <ul style="list-style-type: none"> <input type="checkbox"/> formulate present levels of functioning for my <i>IEP</i> & develop my <i>IEP</i> goals <input type="checkbox"/> describe my achievements and performance levels for my Transition Plan and my Summary of Performance <input type="checkbox"/> describe and differentiate IDEA, 504, ADA as it relates to hearing loss including eligibility criteria <input type="checkbox"/> demonstrate that I have met with the office of disabilities services to identify my available services for higher education or human resource office for employment. <p>If post-high school:</p> <ul style="list-style-type: none"> <input type="checkbox"/> use 504 & ADA to obtain accommodations <input type="checkbox"/> access disability support services when pursuing higher education or accommodations for employment.

We wish to recognize the contributions of Kate Salathial's (2008) Transition Competency Checklist for Individuals with Hearing Loss to the development of this protocol.