

Sunshine Cottage

SCHOOL FOR DEAF CHILDREN

Alumni Parent Survey

Parents' Contact Information

Father's Name: _____

Address (street, city, state, zip): _____

Home Phone: _____ Cell Phone: _____

Email: _____ Place of Employment: _____

Work Address (street, city, state, zip): _____

Mother's Name: _____

Address (street, city, state, zip): _____

Home Phone: _____ Cell Phone: _____

Email: _____ Place of Employment: _____

Work Address (street, city, state, zip): _____

Alumni Information

Name: _____

Maiden Name: _____ Nickname: _____

Address (street, city, state, zip): _____

Home Phone: _____ Work: _____ TTY: _____

Cell Phone: _____ Place of Employment: _____

Email: _____ Date of birth (month, day, year): _____

Spouse's Name: _____ Email Address: _____

Children's Names & Ages: _____

Alumni Background Information

Degree of hearing loss: Left ear - Mild Moderate Severe Profound

Right Ear - Mild Moderate Severe Profound

Cause of hearing loss: _____ Age of diagnosis: _____

Consistently uses: one hearing aid two hearing aids FM equipment

Cochlear implant / age when implanted _____

Sunshine Cottage Education

Age enrolled at Sunshine Cottage : _____ What years did the student attend? _____

Services Received: Parent-Infant Early Childhood Elementary Mainstream

Involvement

1. How do you prefer we stay in touch with you? (Please circle any that apply.)

Email Phone Newsletter Mailings

2. Would you like to become involved with the school? Yes No

3. If yes, how would you like to be involved? (Please check any that apply.)

Volunteer Help with special projects or events Visits to the school

4. We are always trying to get in touch with more of our alumni and their parents!

Are you in contact with other alumni or parents of alumni? Yes No

With their permission, would you please provide us their name and contact information (address, phone number, and email)?

Thank you!!!