



Join our Mailing List!

For Parents of Deaf and Hard-of-Hearing Children

Join our mailing list to receive information about news and events for parents from the Center for Outreach Services at the Ohio School for the Deaf.

Today's Date: _____ Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ County: _____

Deaf/hard-of-hearing children in your family:

Birth Year: _____ Name (optional): _____

Birth Year: _____ Name (optional): _____

Birth Year: _____ Name (optional): _____

Birth Year: _____ Name (optional): _____

NOTE: We want to respect your privacy while helping you connect to useful information. The Center for Outreach Services may occasionally share its mailing list with educational, non-profit or deafness-related organizations of interest to parents of deaf and hard-of-hearing children, such as the American Society for Deaf Children. If you do NOT wish to have all or parts of your address information shared, please check the appropriate boxes:

Do NOT distribute: my phone number my email address ANY of my information

Individuals on our mailing list can receive a State Library of Ohio card with the special privilege of having borrowed items mailed to you, including items from the extensive Deafness collection.

Would you like a State Library of Ohio card? yes no

Please help us by completing this optional demographic information:

School District of Residence: _____

School District Children Attend: _____

Parents (check all that apply): Deaf/hard-of-hearing Hearing

Does your family routinely interact with Deaf adults? Often Occasionally Never

How did you first learn about outreach services at OSD?

- | | |
|--|--|
| <input type="checkbox"/> School district (teacher, interpreter, administrator) | <input type="checkbox"/> OSD web site |
| <input type="checkbox"/> Another family with deaf/hard-of-hearing children | <input type="checkbox"/> OSD brochure or publication |
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> News coverage |
| | <input type="checkbox"/> Other: _____ |

If we offer workshops for parents, what topics would interest you?

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Services for Deaf and hard-of-hearing students |
| <input type="checkbox"/> Communication options | <input type="checkbox"/> Statewide testing |
| <input type="checkbox"/> Deaf culture | <input type="checkbox"/> Socialization needs |
| <input type="checkbox"/> IEPs | <input type="checkbox"/> Technology – cochlear implants, hearing aids |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Other: _____ |

Send completed form to:

Fax: 614.728.1406

Email: OutreachCenter@osd.oh.aov

Center for Outreach Services - Survey

Ohio School for the Deaf

500 Morse Road

Columbus OH 43214