

STUDENT PROFILE

STUDENT NAME:

AGE:

DATE:

*Adapted by the New York Deaf-Blind Collaborative from Post-Secondary Transition Manual: Tools for Planning Life
Beyond the Classroom by the Ohio Center for DeafBlind Education*

1. VISION AND HEARING

A. VISION

- ☐ I have no functional vision.
- ☐ I wear glasses.
- ☐ I do not wear glasses.

This is the name of my visual impairment:

This is how well I see WITHOUT glasses: (Example: I can't see the blackboard.)

This is how well I see WITH glasses: (Example: I can read books.)

I use these modifications in school:

B. HEARING

- ☐ I have no functional hearing.
- ☐ I wear hearing aids.
 - ☐ Right Ear
 - ☐ Left Ear
- ☐ I have a cochlear implant (Date of implantation:).
- ☐ I use an assistive listening device.
 - ☐ FM system
 - ☐ Infrared system

This is the level of my hearing loss (in decibels):

	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right Ear				
Left Ear				

2. MEDICAL INFORMATION

In addition to my vision and hearing losses, I have the following medical conditions:

Name of condition(s):

How it/they affect me:

Physician & contact info:

Medications I take on a regular basis:

Any other medical concerns:

3. COMMUNICATION METHODS

A. I use spoken words to communicate: ☐ YES ☐ NO

- ☐ My words might be hard to understand.
- ☐ I can put this many words together in a sentence:
- ☐ I can use complete sentences.
- ☐ I need this many seconds before I respond:

Here are some ways to increase my understanding of what you say:

B. I use sign language: ☐ YES ☐ NO

- ☐ I use American Sign Language.
- ☐ I use an English version of sign language.
- ☐ I use both sign language and spoken language at the same time.
- ☐ I use sign language in a close range: ☐ 1-3 feet ☐ 3-5 feet ☐ 5-7 feet
- ☐ I use reduced peripheral field sign language.
- ☐ I use tactile sign language: ☐ 1-handed method ☐ 2-handed method
- ☐ My signs are not traditional and may be difficult to understand by new communication partners.
- ☐ I can put these many signs together:
- ☐ I can sign complete sentences.
- ☐ I need this many seconds before I respond:

Here are some ideas to increase my understanding of what you sign to me:

C. I use captioning or live speech-to-text translation: ☐ YES ☐ NO

D. I use objects to communicate with people: ☐ YES ☐ NO

List Objects/Meanings:

3. COMMUNICATION METHODS

E. Sometimes I use gestures: ☐ YES ☐ NO

- ☐ I nod my head 'yes'.
- ☐ I shake my head 'no'.
- ☐ I point to things I want.
- ☐ I use pictures/cards to communicate.
- ☐ I have a dictionary of photos and drawings.
- ☐ I use unconventional gestures.

Gesture/Meaning:

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F. I use a device(s) to assist with communication: ☐ YES ☐ NO

The device(s) I use:

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I use the device(s) in the following way(s):

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G. Sometimes I use other ways to communicate, such as:

Method of Communication

- ☐ Crying Aggression
- ☐ Tantrums/Self Injury
- ☐ Eye Gaze
- ☐ Proximity
- ☐ Pulling Others' Hands
- ☐ Touching/Moving Others' Face
- ☐ Grabbing/Reaching
- ☐ Walking Away
- ☐ Vocalization/Noise
- ☐ Facial Expressions
- ☐ Other (specify):

Meaning:

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4. ENVIRONMENTAL MODIFICATIONS

A. Vision

I require modifications to enhance visual access: ☐ YES ☐ NO

Item:

- ☐ Lighting
- ☐ Positioning/Seating
- ☐ Distance
- ☐ Contrast
- ☐ Glare
- ☐ Color
- ☐ Layout
- ☐ Other:

Description of modifications:

B. Hearing

I require modifications to enhance auditory access: ☐ YES ☐ NO

Item:

- ☐ Lighting
- ☐ Positioning/Seating
- ☐ Background Noise
- ☐ Group vs. 1-on-1 Communication
- ☐ Layout
- ☐ Location & Direction of Speaker
- ☐ Physical Contact for Attention
- ☐ Visual Clutter
- ☐ Other:

Description of modifications:

Additional details regarding environmental modifications:

5. ADAPTIVE EQUIPMENT

For mobility I use:

- ☐ Wheelchair
- ☐ Walker
- ☐ White Cane
- ☐ Braces or Orthotics
- ☐ Other:

I have had Orientation & Mobility training: ☐ YES ☐ NO

I have acquired travel safety skills: ☐ YES ☐ NO

To support my independence at home & in the community, I use:

- ☐ Telephone Amplification Equipment
- ☐ Videophone
- ☐ Braille – Device:
- ☐ Adaptive Writing Instruments:
- ☐ Adaptive Kitchen Gadgets:
- ☐ Adaptive Personal Care Items:

I use the following assistive technology for the computer and/or mobile phone:

I use the following adaptive equipment for recreation or other activities:

6. MORE ABOUT ME

Some of my strengths and talents:

Some of my personality traits:

Some of my favorite activities:

Some of my hopes for the future:

Some of the important people in my life are:

Some emotional/structural supports I need are:

Some things that are difficult for me are:

6. MORE ABOUT ME

I get frustrated when:

Behaviors I display when I am:

- ☐ Angry:
- ☐ Bored:
- ☐ Frustrated:
- ☐ Lonely:
- ☐ Sad:
- ☐ Sick:

Additional comments about me: