Transition Self-Advocacy Portfolio of:

About My Hearing

 I can describe my Level of Hearing Loss, Conditions Affecting my Hearing + Effects of My Hearing Loss:

Skills (Levels: Mastered; Some experience/Still developing; No experience; OR Not applicable)

1. I use my Hearing Aid(s) effectively across environments. Choose an item.

2. I use my Cochlear Implant(s) effectively across environments. Choose an item.

1. I use my FM system effectively across environments. Choose an item.

4. I use other technology effectively across environments. Choose an item.

 I can describe the other technology I use to support my access to auditory information:

I can advocate for the following accommodations to support my auditory access:

Action Plan:

 Goals for “My Hearing” center on using and advocating for hearing technologies / accommodations effectively.

 **Hearing Goal 1:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**

 **Hearing Goal 2:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**