

Adopt-a-Classroom Program Application Form

This form is to be completed by a designated Itinerant teacher. The initial application must be signed by the student's homeroom teacher, principal and itinerant teacher. In addition, the student's parent/guardian must be notified that an application is being made on his/her child's behalf. Please use the "Listening Environment Profile" by Phonic Ear to assess the classroom listening environment. Applications for adjacent classrooms **do not** require a copy of an audiogram or the completion of a listening profile if an initial application has already been submitted to CHHA-NL.

Initial Application 1st Adjacent Classroom 2nd Adjacent 3rd Adjacent

Part 1..... Personal Information

Student Name: _____

School: _____

School Address: _____
_____ Postal Code: _____

Grade: _____

Itinerant Teacher(if applicable) _____

Classroom Teacher _____

School District _____

Brief description of hearing loss/ hearing problem :

(Note: Copy of the student's most recent audiogram and listening environment should accompany new applications only).

Adopt-a-Classroom Program

Part 2.....Classroom Information

Number of students in the class: _____

Number of classes adjacent (either side above and below) to students class: _____

General Acoustics of the Classroom; Poor _____ Fair _____ Good _____

Please give a brief comment about Classroom Acoustics (eg. describe the environment, sources of noise in or near the classroom, acoustic treatments which may have been tried, etc.) _____

Comment about the particular listening difficulties that the student experiences: _____

Part 3.... Signatures

Parent _____ Date _____

Principal _____ Date _____

Classroom Teacher _____ Date _____

Itinerant Teacher _____ Date _____

Part 4..... CHHA-NL Approval

Approved by _____ Date _____
(CHHA Representative)

CHHA-NL



A Program of The Canadian Hard of Hearing Association
Newfoundland and Labrador (CHHA-NL)

