



Clarke Mainstream Services

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Getting Ready for My _____ Meeting

Name: _____

Date: _____

Write the letter that is true for you for each item below.	
M = Most of the time	S = Sometimes N = Almost Never
___	I am able to finish my homework assignments on time.
___	To do my homework, I need help from my tutor or my parents.
___	I am comfortable using my FM.
___	I feel OK about using my hearing aids or cochlear implant.
___	My equipment works well.
___	I can understand my teachers in class.
___	My teachers know how to help me when I don't understand what is being said.
___	My teachers use captioned videos.
___	I can understand the other students.
___	I am comfortable letting people know when I don't understand.
___	I am comfortable answering questions during class.
___	I like to work with other students.
___	I prefer to work alone.
___	I am comfortable asking for help.
___	I am comfortable answering questions about my hearing loss.
___	I am exhausted at the end of a school day.
___	I am happy with the friends that I have.
___	I feel like I belong in this school.

The support services I have are (check all that apply):

- Notetaker
 Tutor
 Speech therapy
 Oral transliterator
 C-Print
 Counselor
 Resource Room
 Classroom Aide

How are these services helpful to you? Have you had any problems with these services or are there changes you think are needed?



