

# GAP Self-Assessment: Understanding and Using Hearing Access and Hearing Assistance Technology

Directions: This purpose of this self-assessment is to determine information you know, and may need to learn, about your hearing loss, communication needs, and use of hearing assistance technology. By completing this self-assessment you will identify information that you may want to explore further so that you are more knowledgeable in advocating for your communication needs and accommodations. Complete the GAP Self-Assessment Planner to outline your learning objectives based on this assessment.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**1. What do you currently use for your personal hearing technology? Check all that apply.**

- I wear a hearing aid or hearing aids
- I wear a cochlear implant(s)
- I wear a BAHA (Bone Anchored Hearing Aid)
- I do not use amplification.
- Other (please describe) \_\_\_\_\_

**2. What assistive technology have you used, or do you use, to help you communicate better? Check all that apply.**

- FM for my classroom or a noisy environment
- FM to connect to my computer, TV, or cell phone
- Captioning (real time, remote, captioned media)
- Alerting devices (flashing alarms, flashing lights)
- Special telephones (amplified, captioned phone, videophone)
- Special devices, such as a HATIS, neckloop, or Bluetooth to connect to my phone, MP3/ iPOD player, cellphones for texting or IM, computers; please describe what you use and how you use it:  
\_\_\_\_\_
- I no longer use hearing assistance devices
- Other \_\_\_\_\_

3. This is a 3 part question covering several areas about your hearing loss. Let's see what you know, what you are comfortable explaining to others, and if you think it is an area that is important for others to know about you.

Topic	Please check <ul style="list-style-type: none"> <li>• YES, if you know about the topic</li> <li>• NO, if you do not know it</li> <li>• NA, if it does not apply to you</li> </ul>	Please check <ul style="list-style-type: none"> <li>• YES, for the ones you feel comfortable explaining to someone else</li> <li>• NO, for the ones you do not</li> <li>• NA, if it does not apply to you</li> </ul>	Please check <ul style="list-style-type: none"> <li>• YES, for the ones that you feel are important for current and future teachers, employers and others who may assist you in life after high school</li> <li>• NO, for the ones that are not important to share with others</li> <li>• NA, if it does not apply to you</li> </ul>
a. Your audiogram (hearing test results)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
b. The type of hearing loss that you have	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
c. The cause of your hearing loss	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
d. Ways to protect your hearing from further loss	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
e. The communication problems that occur as a result of your hearing loss/deafness	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
f. Your communication method (talk, sign, both) and accommodations you need to communicate with others	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
g. Your education history: IEP services, accommodations, and other assistance you have, or have had, during school	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
h. How your hearing aid(s)/cochlear implants(s)/BAHA work	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
i. How your hearing aid(s)/cochlear implants(s)/BAHA help you	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
j. How your hearing aid(s)/cochlear implants(s)/BAHA don't help you enough	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
k. How to use hearing assistance technologies (FM, infrared, other devices)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
l. Other assistive technologies and services, purpose and how to use (captioning, videophone, flashing alarms, sign language interpreter, relay phone & remote captioning services)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

**4. What do you think is most helpful to you? Please rank the following from most helpful (beginning with #1) to least helpful. If you don't use some of these things, please check "do not use".**

- \_\_\_\_\_ FM  do not use
- \_\_\_\_\_ Captioning (real time, remote, captioned media)  do not use
- \_\_\_\_\_ Sign language interpreter  do not use
- \_\_\_\_\_ Text messaging  do not use
- \_\_\_\_\_ Internet  do not use
- \_\_\_\_\_ Direct connectivity to phones, television/video, MP3, computers)  do not use
- \_\_\_\_\_ Other, please describe \_\_\_\_\_  do not use

**5. If you needed the service, would you feel comfortable requesting hearing assistance technology (e.g., FM) and personal communication accommodations to get access to:**

- Physician appointments  Yes  No
- Emergency room visit  Yes  No
- Employment or college interview  Yes  No
- College Office of Student Disabilities  Yes  No
- Job orientation/training  Yes  No
- Job duties  Yes  No
- Agency appointments (Vocational Rehabilitation, Disability Services, Legal, Law Enforcement)  Yes  No
- Community Events  Yes  No
- Entertainment (movies, plays, etc)  Yes  No

**6. Below is a list of possible problems that may occur when using hearing assistance technology. Which ones have you experienced? Check all that apply:**

- I don't know who to ask to get the technology.
- The person in charge does not know how to get the technology.
- Hearing assistance technology is not available.
- Technology is available but it is old.
- New technology is too expensive to own.
- Technology is not easy for the teacher/speaker to use.
- Technology is not easy for me to use.
- Technology breaks a lot.
- Teachers/speakers do not want to use microphone.
- Teachers/speakers do not want to have other students use or pass around the microphone when they are speaking.
- Other students/participants don't always want to use the microphone.
- Using it with my MP3/iPod, cell phone, or other devices I use.
- I do not use hearing assistance technology.

**7. What do you usually do when a problem occurs with your communication access and/or use of technology?**

- I seek assistance from a person in charge (e.g., teacher, supervisor, employer, disabilities coordinator, counselor).
- I seek assistance from another student or co-worker.
- I try to troubleshoot or solve the problem myself.
- I do not know what to do.
- I have never experienced a problem.

**8. Who is most supportive in helping you with your hearing loss? Check all that apply.**

- Parents
- Friends and/or siblings
- Older Deaf/HH people
- Audiologist
- Teacher of the deaf or speech teacher
- Classroom teacher
- College instructors and professors
- Job training instructors
- Employers
- College/university office for student disability support?
- Employer human resource office
- Vocational rehabilitation counselor
- Other. Please Name: \_\_\_\_\_

**9. Which of the following resources are you familiar with?**

- Vocational rehabilitation
- PEPNet
- College/university student disabilities services
- State operated Center on Deafness or Commission for the Deaf and Hard of Hearing
- State chapters or national consumer organizations such as Hearing Loss Association of American, National Association for the Deaf
- Other: \_\_\_\_\_

**10. Are you familiar with your legal rights regarding access to communication because you are deaf or hard of hearing? Please indicate the ones that you are familiar with.**

- IDEA (Individuals with Disabilities Education Act) – this law provided your special education services while in school.
- 504 – this law provides you with accommodations that allow you to access communication in places that receive federal or public funding and may support you while you are in college or job training.
- ADA (Americans with Disabilities Act) – this law is very similar to 504; in most cases it provides you access to communication in public places including college, your community, and in your employment. It also assures access to facilities for people with physical disabilities or who are blind.

**11. Are you aware of funding sources to assist with payment for your hearing aids and other hearing assistive technology that you use?**       YES       NO