

Highlighting the \_\_\_\_\_ Family  
Georgia Hands & Voices

Please use this form as a framework to share your child's story.

Names of family members and a brief description of their "place" in the family.

Which family member(s) has a hearing loss? Describe your family member's hearing loss (ie: cause of the hearing loss, amplification system used, educational setting, methodology).

Identify your family's residence, school system, school.

Describe your child's educational experience.

What are the strengths of the individuals in your family? The weaknesses?

How has Hands and Voices supported your family?

or

How do you hope Hands and Voices will support your family?

Please include a picture(s) of your family member with hearing loss or your family.