



Massachusetts Family Sign Language Program

Creating Connections and Fostering Communication

Date:

Attention EI Providers: Please attach a release form from the parents/guardians.

Parent/Guardian Names:	Preferred phone number:
Street Address:	Cell phone number:
City/State/Zip:	Can you accept text messages? Yes No
Email address:	Language spoken in the home:
Child's Name:	Preferred language of phone calls:
Child is: (please check) Deaf Hard of Hearing	Any pets/allergens in the home:
Child's Date of Birth:	Describe parking conditions at home:
Gender: Male Female	Do you have access to watch a DVD? Yes No

Does the child have any additional special needs?

Date of identification of hearing loss :

Where:

Who referred you to FSLP?

Name of Early Intervention (EI) agency:

EI contact person:

Email address:

Phone number:

Address:

City/State/Zip:

Additional notes:

Any other agencies/programs working with your family and/or your child?

Approximately how many people plan to join the family for the Family Sign Language Program classes?

Please list the ages of any siblings that may participate:

Please list options of days of the week/times of the day that you would prefer for classes. *Classes typically last 1 1/2-2 hrs*

NOTE: Although classes are offered during daytime hours, many of our tutors have more availability during evening hours and on weekends.

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- 2)
- 3)