Master of Science in Secondary Education of Students who are Deaf or Hard-of-Hearing

Rochester Institute of Technology
National Technical Institute for the Deaf

Sign Language Background Questionnaire

This questionnaire is part of our efforts to provide appropriate sign language learning experiences for MSSE students. Information generated from this questionnaire will remain confidential, with this confidentiality maintained for any group reports generated. NOTE: Information from this questionnaire will not be used in making any MSSE admissions decisions. Thank you for completing this questionnaire and returning it to us.

Name ___________________________________________ Date ____________________

Expected MSSE program Entry ___________________ Expected MSSE Graduation Date ___________________

Please circle one: Deaf Hard-of-Hearing Hearing

Date of Birth ________________________________ Age began to Learn/Acquire Sign Language __________________

How would you rate your current skills in using and understanding American Sign Language with people who are deaf? (Circle what best applies to you)

None Basic Skills Intermediate Skills Advanced Skills Native Skills

Have you ever taken the Sign Language Communication Proficiency Interview (SCPI)? __________________________

If yes, please provide the rating you received and where you took the SCPI.
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Please share any other information you wish about your sign language communication skills.
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Please mail to:
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