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

Sign Language Background Questionnaire

This questionnaire is part of our efforts to provide appropriate sign language learning experiences for students seeking admission to our master of science program in secondary education of students who are deaf or hard of hearing (MSSE). Information generated from this questionnaire will remain confidential. 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 M	ASSE Program Entry				
Expected M	ASSE Graduation Date				
Date of Birth		Age Began to Learn/A	Age Began to Learn/Acquire Sign Language		
	l you rate your current skill le what best applies to you)	ls in using and understanding Am	erican Si	gn Language with people wh	10 are
None	Basic Skills	Intermediate Skills		Advanced Skills Native Sk	ills
Have you e	ver taken the Sign Languag	ge Proficiency Interview (SLPI)?	☐ Yes	□ No	
If yes, pleas	se provide the rating you re	ceived and where you took the SL	PI.		
Please share	e any other information yo	u wish about your sign language c	communi	cation skills.	

Please mail to:

Rochester Institute of Technology NTID Office of Admissions LBJ Hall, Suite 1200 52 Lomb Memorial Drive Rochester, NY 14623

