

ASL Placement Test Pre-Screening Form

Date: _____ Screened by: _____

CONTACT INFORMATION

Name: _____

Phone #: _____ Email: _____

PRE-SCREENING INFORMATION

RECOMMEND ASL PLACEMENT TEST

How long have you been signing? _____

Yes No

Where did you take classes? _____

What curriculum was used? _____

Was the course taught using a "no voice" method? Yes No

How often do you associate with the Deaf Community?

Do you use ASL or signed English? ASL PSE English

Have you applied to UA Little Rock? Yes No

When are you planning on taking a language course?

Are you currently enrolled in UA Little Rock? Yes No

SCREENER COMMENTS



COLLEGE OF BUSINESS, HEALTH,
AND HUMAN SERVICES