



LACHL Loudoun Association For Children With Hearing Loss

“Strengthening and supporting the families of deaf/hard of hearing infants and school-aged children in Loudoun County”

We’re an organization dedicated to supporting families of children who are deaf/hard of hearing (D/HOH) with information and resources so they can make the best choices for their child.

We are non-biased about communication forms and methodologies and believe that, given good information and support, families will make the right choice for their child. We also welcome professionals, extended family members, and interested members of the community to join our organization.

LACHL offers monthly meetings, educational seminars, mentoring, and social opportunities for families. Membership is \$20/family per year (Jan-Dec). If needed, financial assistance is available. Please make the check out to LACHL/NVRC. Mail to: LACHL, P.O. Box 650321, Sterling, VA 20165-0321.

Today’s Date: _____

Name(s): _____

Address: _____

Phone: _____

Email: _____

Names of the D/HOH child(ren) in your family (if applicable):

_____ age: _____
_____ age: _____
_____ age: _____

Names of siblings (if applicable):

_____ age: _____
_____ age: _____
_____ age: _____

www.loudounhearing.org

LACHL, P.O. Box 650321, Sterling, VA 20165-0321



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What primary form of communication does your family use (if applicable)?

ASL _____

Cued Speech _____

Oral _____

Total Communication _____

Other _____

Does your child have/use (if applicable)?

Hearing aids: _____

Cochlear Implant: _____

Do you work with the D/HOH population? Yes/No (*circle one*)

If so, in what capacity? _____

LACHL is an all-volunteer organization. Are you interested in volunteering? Yes/No (*circle one*)

If so, in what capacity would you like to volunteer (i.e., marketing, fundraising, newsletter, event planning, where needed)?

Comments/Suggestions/Topics you are interested in learning more about in the D/HOH field:
