

# Promote Yourself

My child's name: ..... My child's date of birth: .....

My child is (years old)  04  05  06  07  08  09  10  11  12  13+: .....

Date this questionnaire was completed: ..... Completed by: .....

**Rarely** = once a month or less

**Usually** = 3-4 times a week

**Sometimes** = once a week

**Always / As Appropriate** = daily

## My language with my child

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### 1. I show my child that I have time to listen to them

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
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.....

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### 2. I give my child value, respect & trust. They know that I'm on their side

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
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### 3. I have conversations with my child. This develops an openness in our relationship within which issues can be faced as they arise

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
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### 4. I comment upon more good behaviour than bad each day

Rarely  Sometimes  Usually  Always / As appropriate

Comments: .....  
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.....

**Questionnaire**

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**5. I know what has been good about today**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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**6. I talk about my likes & dislikes, opinions and feelings during conversations**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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**7. I actively include my child in the everyday life of family & friends**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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**8. I recap family stories and memories so that my child is aware of their past**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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**9. I know about school topics and support discussions and presentations**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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**What am I aiming to remember with my child?**

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# My child's strengths and needs

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## 1. My child is confident in their own abilities

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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## 2. My child is aware of their deafness and understands their personal story and what helps them

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

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## 3. My child knows what they like and dislike

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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## 4. My child knows what they think and will give their opinion on things

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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## 5. My child is able to accept others' opinions as different but valid

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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## 6. My child is happy to join in with discussions and add their views

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....  
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.....

Questionnaire

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**7. My child is happy to do presentations at school and in other contexts**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....

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**8. My child understands why something has happened and what might happen next**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....

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.....

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**9. My child is aware of the consequences of actions & events which then impact upon their thinking (e.g. smoking, current news items)**

Rarely    Sometimes    Usually    Always / As appropriate

Comments: .....

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**What am I aiming to focus upon with my child?**

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Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always follow the directions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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