

# ASL Placement Test – ASL History

Name:

High School:

Year of graduation:

Previous college (if any):

How many semesters of ASL taken:

Teacher Deaf or hearing:

Teacher's name:

Current SLS level registered:

## **Suggested placement (evaluators only)**

SLS 201                      202                                      301    302

Read below then rate yourself: A B C D ( Circle or boldface)

A:

- No ASL Classes taken before in high school/college or university
- Know some signs
- Have used sign language with deaf friend or family members
- Learned ASL but cannot remember vocabulary or ASL grammar

B:

- One or two ASL classes taken in high school/college or university
- Has some experience with Deaf people in school, or work, or friend or family
- Has minimum receptive or expressive skills ( often ask to repeat or be repeated)
- Has socialized with Deaf people in various events several times.

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C:

- Has taken three of four ASL classes in high school/ college or university
- Has several experiences with Deaf people in school, or work, or friend, or family
- Has confidence with ASL receptive skills (able to understand 2<sup>nd</sup> time) and does not struggle to express self in ASL
- Has frequently socialized with Deaf people at various events (10+)

D:

- Has taken more than four (4) ASL classes in high school/college or university
- Has many experience working with Deaf people in school, work or has Deaf friends or family/
- Has supreme confidence with ASL receptive skills and has ease in expressing self in ASL.
- Always socializes with Deaf people.

Anything else to add to help us to determine your ASL placement? [Years in ASL, volunteer work with Deaf community, personal goals, Deaf Education major]