

HEARING "HEAR-O" AWARD

THE CHILDREN'S HEARING INSTITUTE



A HEARING "HEAR-O" AWARD IS:

An award that identifies a persevering student, an exemplary professional, or an exceptional relative/friend who goes above and beyond to support deaf and hard of hearing children. Award winners will be presented with a Hearing "Hear-O" Medal and Certificate and their story will be featured in CHI publications and social media outlets. Take this opportunity to recognize those exceptional "Hear-O's" and to promote the amazing work being done by the award recipients clinic and/or school program.

WHO CAN BE NOMINATED?

STUDENT "HEAR-O"

- A student who shows significant growth and a positive attitude in the face of adversity.
- A student who self advocates within their community
- A student who is a good listener and puts 100% effort into their tasks

PROFESSIONAL "HEAR-O"

- Those selfless, hardworking, and dedicated professionals who go above and beyond for their patients/ students.
- Someone that has had a lasting impact in the deaf and hard of hearing community.
- Someone who has made significant contributions to advocate for rights and well-being of children with hearing loss.

FRIEND OR FAMILY "HEAR-O"

- A person who goes to superior efforts to empower their sibling, relative, or friend who is deaf or hard of hearing.
- A person who promotes mutual understanding and respect for both the hearing and deaf and HOH communities



MORE INFORMATION AT:

www.childrenshearing.org

212-257-6138

HEARING "HEAR-O" NOMINATION FORM



I WOULD LIKE TO NOMINATE:

Name: _____

Category: **Student** **Professional** **Relative**
circle one above

Please describe the nominee's exceptional achievements or contributions.

Please describe the impact the nominee has had on their community or family.

Is there anything else about the nominee that should be considered?

SUBMIT ALL NOMINEES TO:

mwillis@childrenshearing.org

MORE INFORMATION AT:

www.childrenshearing.org

212-257-6138

NOMINATED BY:

Name: _____

Title: _____

Relationship to Nominee: _____

Phone: _____

Email: _____



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