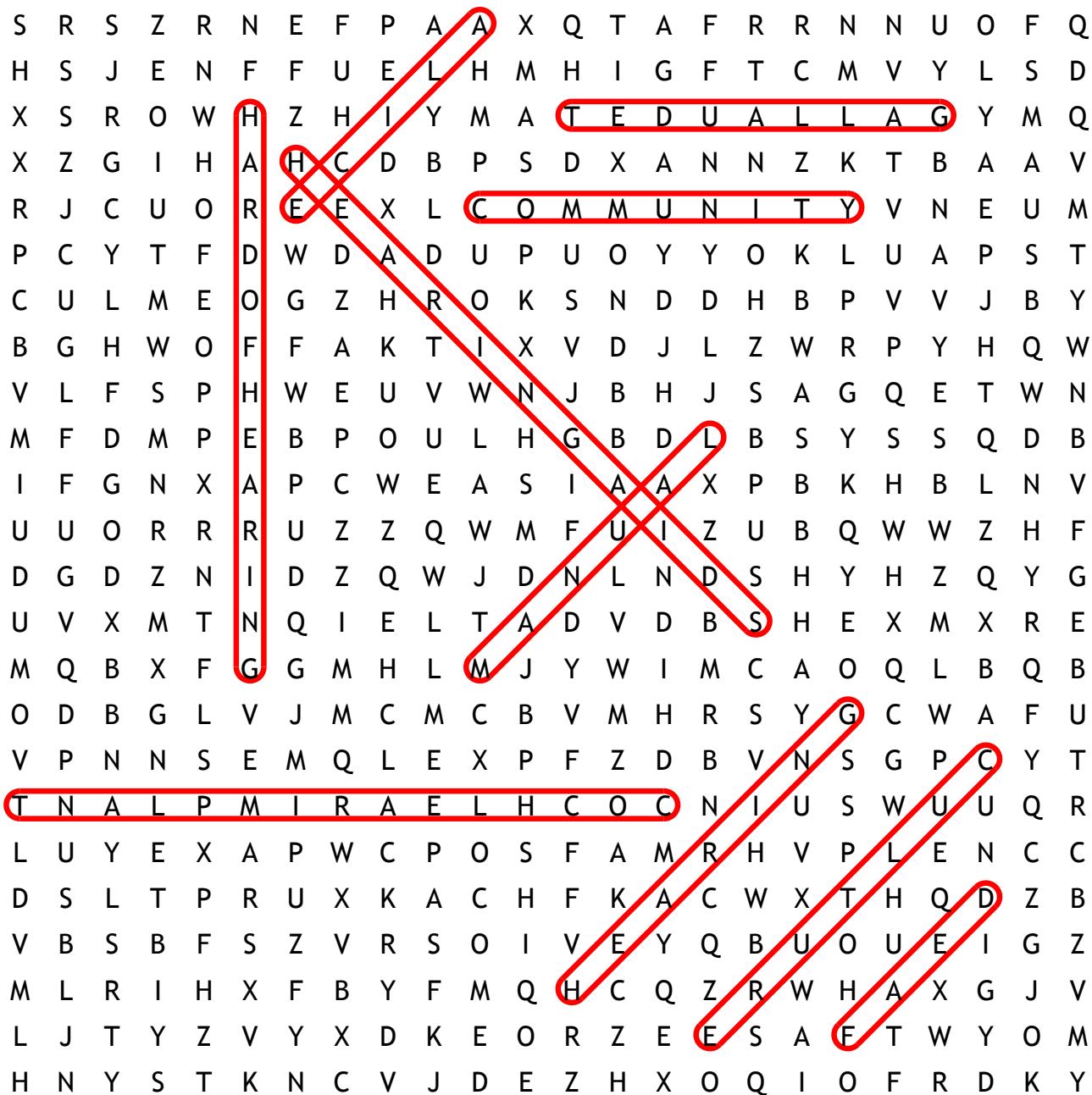


Name: _____ Date: _____ Period: _____

ASL I - Deaf Culture



COCHLEAR IMPLANT HARD OF HEARING HEARING AIDS
COMMUNITY GALLAUDET CULTURE
HEARING MANUAL ALICE
DEAF