**Write to Us: How to Be in *Hearing Our Way* magazine**

Kids and teens with hearing loss- did you know that you could be featured in an upcoming issue of *Hearing Our Way*? We are looking for writers, artists, photographers, and kids with inspiring stories to feature in the magazine!

**Here’s what we need:**

**E-mail** [**info@hearingourway.com**](mailto:info@hearingourway.com) **with:**

* **Name**
* **Age**
* **Hearing Loss/Devices**
* **Hometown**
* **A high resolution photo attached to the email**
* **Please have a parent or guardian included on your email so they can give permission!**

Ideas:

* Submit a poem you wrote
* Submit a short story you wrote
* Interview a friend or sibling and have them interview you back
* Draw a picture
* Write a review of your favorite movie, tv show, game, instagram account, etc
* Write about an inspiring role model
* Tell us about your self-advocacy skills, accommodations, or IEP meeting tips
* Or something else!

If you want to be in ***Sibling Spot***, have all of your siblings and yourself answer the following questions:

*Name:*

*Age:*

*Hearing loss story/devices (if applicable):*

*Tell us about your relationship with your sibling(s):*

*Has your sibling ever helped you because of your hearing loss? Do you ever help your sibling because of his/her hearing loss?*

*Does hearing loss affect your relationship with your sibling? How?*

*Do you have a funny story about hearing loss in your family?*

*What hobbies, activities, and sports do you participate in with your sibling? Does hearing loss affect your ability to participate?*

*Anything else you want us to know? What are your hopes/dreams for the future and for your family/siblings?*

If you want to be in ***Overcoming Obstacles*** (cover), please answer the questions below:

*Name:*

*Age and Grade:*

*Hometown:*

*A Little Bit About Yourself:*

*Tell us about your hearing loss story. Devices? Diagnosis? Education?*

*What do you like to do when you’re not in school? What are your hobbies?*

*Have you ever had a difficult experience because of your hearing loss?*

*Do you think there are any benefits to having hearing loss?*

*How does your hearing loss affect you in day to day life?*

*How has your hearing loss affected your relationship with your sibling(s)?*

*When people ask you about your hearing devices, what do you say?*

*Have you had to overcome any specific obstacles?*

*Have you ever misheard something that led to a funny story amongst family or friends?*

*How is hearing loss a part of your identity?*

*How do you advocate for yourself in school? Accommodations? IEP Meetings?*

*Do you have other friends with hearing loss? If so, how did you meet them? How does hearing loss affect your friendship(s)?*

*Who or what inspires you? Do you have other people/celebrities who are role models because they’ve overcome obstacles?*

*Do you have any favorite products related to hearing loss that you use?*

*What are your hopes/dreams/goals for the future? Does hearing loss affect them?*

*What is your best advice for other kids/teens with hearing loss? What are the biggest lessons you’ve learned?*

*Other: Anything else you’d like to include in your article!*

**Your Favorites**

*Instructions:* We’d love to learn more about you by asking about some of your favorite things. Please fill out as many as you’d like- we will pick about 10 to feature. Feel free to list more than one answer (such as 3 favorite books or tv shows).

*Favorite Activities:*

*Favorite Game/Video Games:*

*Favorite Books:*

*Favorite Music:*

*Favorite TV Shows:*

*Favorite Concert:*

*Favorite Movies:*

*Favorite Foods:*

*Favorite Sports:*

*Favorite Places:*

*Favorite Quote:*

*Other:*