

SCHOOLS FOR THE DEAF – CLASS ACTION INFORMATION FORM

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. IT IS NOT A CLAIM FORM AND DOES NOT GUARANTEE ELIGIBILITY FOR ANY EVENTUAL COMPENSATION.

This form is designed to help us understand the harm caused by the alleged wrongdoing in this case and design a proposal for potential resolution that considers Class Members' perspectives and input.

Of course, there will be a broad array of perspectives to consider and a settlement cannot resolve everything for everyone. It is also too early to tell how any potential future negotiations with the Defendants will proceed. However, it is important that Class Members are included, are able to participate, and that your views are considered.

Information that you provide is confidential. While the information may be used to create a proposal that responds to the harms experienced by Class Members, no identifying information will ever be disclosed without your consent.

Please note that you are not obligated to fill out this form or respond to all questions.

1. If you feel comfortable, please indicate which, if any, of the following harms apply to you, that you attribute to your experience in the Schools:

emotional and psychological harm, including but not limited to low self-esteem, decreased feelings of self worth, shame, guilt, emotional distress, depression, anxiety, PTSD	
physical harm	
negative impact on your personal relationships with family and friends	
negative impact on your personal relationships with intimate partners	
loss of trust with persons in authority	
inadequate education, which impacted your ability to find stable employment	
loss of enjoyment of life	
Other:	

3. In your opinion, what is important for the **public to understand** about your experiences in the School(s) and the harms that were caused?

4. What was the **personal impact** of the harm caused by your experience in the Schools?

5. What do you consider to be the broader impact of the harm caused by the Schools on the **deaf and hard of hearing community**?

6. If the settlement could achieve funds or measures to impact future change, or improve supports and services for Class Members, where would you wish to see funds or measures directed (for example, increased educational supports, support groups or services, practical training, members of the Deaf Community in decision-making positions etc.)?

7. Is there anything else you think is important to share, or that you would want us to know as we begin the process of trying to resolve this case in a manner that is responsive to Class Members?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

PLEASE SUBMIT YOUR COMPLETED FORM BY MAIL, FAX, OR EMAIL TO

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