

REALD & SOGI Simple Template

Updated 1/10/2024

NOTE: This document is a simple template to visualize the REALD and SOGI form changes. It is not intended for official use as a form and is subject to change. It does not include other explanatory form text. Please see here for the current REALD form for [service-based](#) and [non-service-based settings](#). **Red text indicates proposed changes and additions to the current form and aligns with the current OARs and breakout session question prompts.**

Who is filling out this form? (Pick the best answer.)

- The individual alone
- The individual with another person present
- Another person with the individual present
- Another person without the individual present

What is your date of birth? (MM/DD/YYYY) _____

Race and Ethnicity

1. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____

2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Asian

- Afghan
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Pakistani
- South Asian

- Taiwanese
- Thai
- Vietnamese
- Other Asian **not listed. Please specify:**

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black) **not listed. Please specify:** _____
- Other Black **not listed. Please specify:**

Hispanic and Latino/a/x/e

- Afro-Latino/a/x/e
- Central American
- Cuban
- Mexican
- Puerto Rican
- South American

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- Other Hispanic or Latino/a/x/e not listed.
Please specify: _____

Native Hawaiian and Pacific Islander

- CHamoru (Chamorro)
- Communities of the Micronesian Region
- Marshallese
- Native Hawaiian
- Samoan
- Other Pacific Islander not listed. Please specify: _____

Jewish

- Ashkenazi
- Sephardi
- Other Jewish not listed. Please specify:

Middle Eastern/North African

- Egyptian
- Iraqi
- Iranian
- Lebanese

- Palestinian
- Syrian
- Turkish
- Other Middle Eastern not list. Please specify: _____
- Other North African not listed. Please specify: _____

White

- Eastern European
- Romanian
- Russian
- Slavic
- Ukrainian
- Western European
- Other White not listed. Please specify:

Other categories

- Other not listed. Please specify: ~~(please list)~~ _____
- Don't know
- Don't want to answer

3. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer

Skip to question 7 if you/the person is under age 5

Language (Service-Based Settings)

4a. Do you use a language other than English at home?

- No – I only use English at home
- Yes
- Don't know
- Don't want to answer

Skip to question 7 if you indicated English only

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4b. What language or languages do you use at home? _____

4c. In what language do you want us to communicate in person, on the phone, or virtually with you? _____

4d. In what language do you want us to write to you? _____

5a. Do you need or want an interpreter for us to communicate with you?

- Yes
- No
- Don't know
- Don't want to answer

5b. If you need or want an interpreter, what type of interpreter is preferred? **Please check ALL that apply.**

- Spoken language interpreter
- American Sign Language interpreter
- Mexican Sign Language interpreter**
- Deaf Interpreter for DeafBlind, additional barriers, or both
- Contact sign language (PSE) interpreter
- Assistive Listening Device (FM, Loop)**
- CART/Captioning**
- Other **sign language not listed** (please ~~list~~ specify) _____

5c. If you need or want an interpreter or other language access services (in person, on the phone, or virtually), did you receive them?

- Yes
- No
- N/A

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

- Very Well
- Well
- Not Well
- Not at all
- Don't know
- Don't want to answer

Language (Non-Service-Based Settings)

Please skip to question 7 if you/the person is under age 5

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4a. Do you use a language other than English at home?

- No – I only use English at home
- Yes
- Don't know
- Don't want to answer

Skip to question 7 if you indicated English only

4b. What language or languages do you use at home?

5a. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?

5b. What language would you prefer to use to read important written information such as medical, legal, or health information?

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

- Very Well
- Well
- Not Well
- Not at all
- Don't know
- Don't want to answer

Disability

7. Are you deaf or do you have serious difficult hearing?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

Please stop now if you/the person is under age 5

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9. Do you have serious difficulty walking or climbing stairs?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

10. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

11. Do you have difficulty dressing or bathing?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

12. Do you have serious difficulty learning how to do things most people your age can learn?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer

13. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

Please stop now if you/the person is under age 15

14. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 - If yes, at what age did this condition begin? _____

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- No
- Don't know
- Don't want to answer

15. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

- Yes
 - If yes, at what age did this condition begin? _____
- No
- Don't know
- Don't want to answer
- Don't know what this question is asking

16. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, please tell us what would you like us to know? _____

Skip to question 18 if "Yes" was not selected for at least one question above AND question 16 was not applicable to you

17a. Not including language and communication needs, do you need or want disability-related accommodations?

- Yes
- No

17b. If you need or want disability-related accommodations, did you receive them?

- Yes
- No
- N/A

Sexual Orientation and Gender Identity

Please skip to question 24 if you/the person is under age 12

18. Please describe your gender in any way you prefer: _____

19. What is your gender? Please check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Girl or woman | <input type="checkbox"/> Based on your ethnicity, please share another gender identity not listed: _____ |
| <input type="checkbox"/> Boy or man | <input type="checkbox"/> Not listed, my gender is: _____ |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Genderfluid | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Genderqueer | |

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20. Are you transgender?

- Yes
- No
- Questioning
- I don't know
- I don't know what this question is asking
- I don't want to answer

21a. What is your sex?

- Female
- Male
- Intersex
- Not listed, my sex is: _____
- I don't know
- I don't want to answer

21b. If your current sex is different from your sex listed on any other documents we should know about, please specify:

- Sex on birth certificate: _____
- Sex on state or tribal ID (such as driver's license): _____
- Sex on insurance record: _____
- Sex on current or previous medical documents: _____
- Sex on federal ID (such as passport or social security): _____

Skip to question 22 if question 21b was not applicable to you or if you indicated "Sex on federal ID" in question 21b

21c. We respect and honor your gender and sex. We use federal data to verify your information, like what you use for social security or on your passport. They only offer two options – male or female. Please select the sex that matches your current federal information.

- Male
- Female

22. Please describe your sexual orientation or sexual identity in any way you prefer: _____

23. What is your sexual orientation? Please check ALL that apply.

- | | |
|---|---|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es)) |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Pansexual | |

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Not listed, my sexual orientation is:

I don't know

I don't know what this question is asking

I don't want to answer

Please stop now if you/the person is age 12 or older

24. Are you currently: (Please check ALL that apply.)

A boy

A girl

Both

Something else: _____

It changes over time

I don't know

I don't know what this question is asking

I don't want to answer

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