

# Parent Feedback

## Texas Guide By Your Side

The purpose of this form is to provide feedback on your experience with the Guide By Your Side (GBYS) program. Your input will help us improve the program for other parents of children who are deaf or hard of hearing. All of the information you provide will be kept confidential. If you have any questions, or would prefer to fill out a paper copy, please contact the Program Coordinator, Christine Moody, at [cmoody@txgbys.org](mailto:cmoody@txgbys.org) or 1-512-462-5738.

Match # \_\_\_\_\_

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### Part One

Please rate the extent to which you agree with the following statements by circling the appropriate number.

1. It was easy to find information about the GBYS program.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

2. After requesting GBYS services, the Program Coordinator contacted me in a timely manner.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

3. My Guide contacted me in a timely manner.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

4. My Guide provided me with adequate and appropriate resources to fit my needs.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

5. My Guide helped me to connect with my local early intervention program or educational agency (school).

**0**                      **1**                      **2**                      **3**                      **4**                      **N/A**  
Not at all true                      Somewhat true                      Very true                      Not applicable

6. My Guide helped me to connect to other families of children who are deaf or hard of hearing.

**0**                      **1**                      **2**                      **3**                      **4**                      **N/A**  
Not at all true                      Somewhat true                      Very true                      Not applicable

7. My Guide was a good listener.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

8. My Guide was patient.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

9. My Guide provided needed emotional support and guidance.

**0**                      **1**                      **2**                      **3**                      **4**                      **N/A**  
Not at all true                      Somewhat true                      Very true                      Not applicable

10. My Guide provided information in an objective and unbiased manner.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

11. My Guide was sensitive to my family's unique needs, culture, and context.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

12. I was matched with a Guide who was a good fit for my needs.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

13. Services I received from the GBYS program met my expectations.

**0**                      **1**                      **2**                      **3**                      **4**  
Not at all true                      Somewhat true                      Very true

14. I would recommend the GBYS program to another parent of a child who is deaf or hard of hearing.

**0**  
Not at all true

**1**

**2**  
Somewhat true

**3**

**4**  
Very true

15. Please take a moment to share any highlights or memorable positive experiences you had while participating in the GBYS program.

16. Please share any suggestions you have that will help us to improve the GBYS program (parent training, workshops, networking opportunities, etc.)

17. Please share any additional comments or thoughts regarding this match.

## Part Two

Use the rating scale below to answer the following statement.  
“When thinking about raising my child who is deaf or hard of hearing, I feel able to...”

1 = Not at all true

2 = Hardly true

3 = Moderately true

4 = Exactly true

1. Communicate effectively with school staff about my child’s abilities and needs.
2. Improve the educational outcomes for my child.
3. Obtain needed educational and community services for my child.
4. Provide activities that allow my child to socially interact with peers.
5. Network and share information with other parents.
6. Seek support from other parents.
7. Make decisions about my child’s educational needs.
8. Choose between options that have different benefits or drawbacks for my child.
9. Find resources to help me make informed decisions.
10. Envision and prepare for my child’s transition into adulthood.

Thank you for your feedback. 😊