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# **Recent Graduate Survey Questions**

Welcome and thank you for assisting with the EI SNAPSHOT study! Your assistance with this study will help us to better understand the strengths and challenges recent graduates experience as new professionals serving children who are deaf or hard of hearing (D/HH) and their families. Learn more about the EI SNAPSHOT study here: <a href="Learn more about the SNAPSHOT Project.pdf">Learn more about the SNAPSHOT Project.pdf</a>

Please review the explanation of your rights as a participant in this study as required by the Institutional Review Board at Utah State University. Review a copy of the <u>Letter of Information</u> by clicking on the following link: Recent Graduate Informed Consent.pdf

#### Agreement to Participate

O This certifies that I reviewed the letter of information and I am aware of my rights. By checking this box, I am consenting to participation in this study. I understand that no personally identifiable information will be shared and I can withdraw at any time - please check this box to continue

#### Your Education

	om what Institution did you graduate? All participating institutions listed
Wł	nat year did you graduate?
O	2010
O	2011
$\mathbf{O}$	2012
$\mathbf{O}$	2013
$\mathbf{O}$	2014
$\mathbf{O}$	2015
0	2016
Wł	nich licenses do you hold? Check all that apply
	Deaf Education
	Special Education
	General Education
	Speech Language Pathology
	Other-please specify
	Other - please specify
	None

## Communication Modalities

who are D/HH? Please provide the percentage of your graduate training program focus		
on a specific communication option:		
ASL		
Listening and Spoken Language		
Augmentative and alternative communication (including PECS)		
Other Communication Option - Specify		
Other Communication Option - Specify		
Other Communication Option - Specify		
Professional Information		
Please complete this section about the job that you have had the longest since graduation.		
What is/was the position? mark all that apply		
□ Early Intervention Provider		
□ Early Intervention Speech Language Pathologist		
☐ Preschool Teacher of the Deaf/Deaf Education Teacher		
□ K - 12 Teacher of the Deaf/Deaf Education Teacher		
□ Preschool Itinerant Teacher		
☐ K - 12 Itinerant Teacher		
Preschool Special Education Teacher		
□ K - 12 Special Education Teacher		
Preschool Speech Language Pathologist		
□ K - 12 Speech Language Pathologist		
Other - please specify		
With whom do/did you work?		
Only children who are D/HH		
O Mostly (76%+) children who are D/HH		
O More than half (51-75%) of children who are D/HH		
O Less than half (26-50%) of children who are D/HH		
O Very few (up to 25%) children are D/HH		
O No children are D/HH		
Answer If With whom do/did you work? No children are D/HH Is Not Selected		
Communication Modes: Describe the average distribution (in percentages) of your time spent		
using specific communication modes when teaching students who are D/HH in your position.		
Add other communication modes (e.g. Cued Speech, SEE etc) that you use/used.		
ASL		
Listening and Spoken Language		
Augmentative Alternative Communication		
Other - Specify Other - Specify		
Uiner - Specity		

# Knowledge and Skills at Graduation

How well would you rate your degree program in preparing you with knowledge and/or skills in the following areas?

skins in the following areas:	Excellent	Average	Poor	Not Taught
Audiology	0	O	•	O
Language Development	•	•	$\mathbf{O}$	0
Early Intervention	O	O	•	0
IFSP Development/Evaluation	O	O	•	0
Other Disabilities	O	•	$\mathbf{C}$	0
Second Language Learning	O	O	•	0
Current Trends in Hearing Technology	O	•	$\mathbf{C}$	0
Current Trends in Deaf Education	O	O	•	0
Telehealth	O	O	•	0
Itinerant Teaching	O	O	•	0
How to Assess Children who are D/HH	O	O	•	0
How to Teach children who are D/HH using Sign Language	•	O	O	O
How to Teach children who are D/HH using Listening and Spoken Language	•	O	O	0
How to Teach children who are D/HH using Total Communication	•	O	O	0
How to Provide Speech Therapy	O	O	•	0
How to Coordinate with other Providers	O	O	•	0
How to Provide Family-Centered Services	O	O	•	0
Strategies for Teaching Reading and Writing	•	O	O	O
How to Work with Teachers and Administrators	•	O	O	O
How to Advocate for System Change	0	0	•	O

In what areas would you have liked more training/education?

What do you consider your program's greatest strength?	
What do you consider your program's greatest weakness?	

## About You

What is your age?			
$\mathbf{O}$	Under 21		
$\mathbf{O}$	21-24		
$\mathbf{O}$	25-34		
$\mathbf{O}$	35-44		
0	45-54		
O	55-64		
O	65 or older		
	nat is your gender?		
	Male		
0	Female		
	nat is your race? Check all that apply		
	White / Caucasian		
	Black / African American		
	American Indian / Native American		
	Alaska Native		
	Asian		
	Native Hawaiian		
	Pacific Islander		
	Other (please specify)		
	e you of Hispanic, Latino, or Spanish origin?		
	Yes		
0	No		
Are you deaf or hard of hearing (D/HH)?			
	Yes		
0	No		

#### Please rate your fluency and use of the following languages Check all that apply

	No fluency	Some fluency	Fluent
English	0	0	0
American Sign Language (ASL)	O	O .	O
Spanish	<b>O</b>	O .	O
Other (please specify)	0	<b>O</b>	O

## Telephone Interview

Thank you for piloting this important survey. We would like to conduct telephone interviews with some of the graduates who have piloted the survey to get feedback on how we could improve the survey. The phone interview will last approximately 30 minutes.

Wo	ould you be willing to participate in a follow-up call with our staff?
O	Yes
O	No
Th	ank you - please provide us with your contact information:
	Your Name
	Email
	Phone Number including area code
lf t	he number above is a mobile phone, may we text you?
$\mathbf{O}$	Yes
$\mathbf{O}$	No