

## Letter from Preschool Programs to Parents

(Date)

Dear \_\_\_\_\_ (fill in individual name of parent here):

The state of Ohio is currently conducting an evaluation of the services that are provided for young children with hearing loss. To better understand how parents feel about the services in which their child has been participating, we were asked by the State Department of Health to send the attached questionnaires to parents of children with hearing loss we are now serving.

Your opinion is important to people at the State Department of Health to improve the services for children with hearing loss and their families. Your answers will be confidential and will only be reported as grouped summaries (no individually identifiable data will be reported). Please send your completed questionnaire within 10 days in the enclosed postage-paid envelope directly to Utah State University, who is conducting the evaluation for the Department of Health. There is also a stamped postcard which you should return to us at the same time that you send the questionnaire to Utah State University. This will help us know who has returned the questionnaires so we will not bother you with follow-up requests.

We appreciate your assistance in evaluating the services delivered to your child. Your help in finding ways to provide better services for children is greatly appreciated.

Sincerely,

Preschool Administrator

## Letter from NCHAM to Parents of Preschool Children with Hearing Loss

(Date)

Dear Parent:

We need your help to improve programs for children in Ohio. We know you are busy, but we don't want you to feel hassled. Therefore, we have sent you a little package of Gummi-Bears so you can sit back and relax while you complete the attached questionnaire.

What's this all about? The attached questionnaire is part of an evaluation being done by the Ohio Department of Health to improve state-funded services for children with hearing loss and their families. This evaluation is being conducted by the National Center for Hearing Assessment and Management (NCHAM) at Utah State University. Your name has been randomly selected, and the questionnaire is being sent to you by the Administrator at the preschool program in which your child is enrolled.

Please complete the questionnaire and return it in the postage-paid envelope to Utah State University within the next 10 days. At the same time, please return the stamped postcard to your child's preschool program so they will know you have sent the questionnaire back to us and will not bother you with further requests for information.

Your answers are confidential and will only be reported as grouped summaries where it is impossible to identify individuals. Please be candid, honest, and complete. The questionnaire requires about 20 minutes to complete and will provide valuable information which will be used to improve the quality of services provided to children with hearing loss in the state of Ohio. All questions should be answered with respect to your child who is enrolled in the preschool program.

Thank you very much for your help!!!

Sincerely,

Karl R. White, Ph.D.  
NCHAM Director

**Questionnaire for  
Parents of Preschool Children with Hearing Loss**

**Instructions:** To improve programs for children with hearing loss and their families, the Ohio Department of Health needs to know how parents feel about services their child has received or is now receiving. Please answer the following questions as they relate to your child as candidly and completely as you can. There are no right or wrong answers. The best answer is one which tells how you honestly feel or what you think. Your answers will be confidential and will only be reported as grouped summaries. For each question, please check or circle the best answer for you. Thank you for your help!

**Finding Out Your Child Had a Hearing Loss**

1. Please put an **x** in the space which shows your child's hearing loss for each ear:

	Normal	Mild	Moderate	Severe	Profound
Left Ear	_____	_____	_____	_____	_____
Right Ear	_____	_____	_____	_____	_____

2. How old was your child when:

	Age in Months
a. you first thought he or she had a hearing loss?	_____
b. his or her first hearing test was done?	_____
c. the hearing loss was diagnosed with certainty?	_____

3. Who was the first person who told you for sure that your child had a hearing loss?

_____ Doctor	_____ Nurse	_____ Other _____
_____ Audiologist	_____ Screening Technician	Specify

4. When you first found out that your child had a hearing loss, how well did you understand how his or her hearing loss would affect:

	Understood very well			Did not understand at all	
a. your child's medical needs?	1	2	3	4	5
b. your family's finances?	1	2	3	4	5
c. your child's success in school?	1	2	3	4	5
d. your child's ability to make friends?	1	2	3	4	5

5. Think about the tests and other things that happened from the time you first thought your child had a hearing loss until you knew for sure. Circle the number that shows how you felt about each part.

- a. The tests and explanations  
were done . . . . . professionally 1 2 3 4 5 unprofessionally
- b. Your opinions and  
suggestions were . . . . . listened to 1 2 3 4 5 not listened to
- c. The time from start to finish was . . . about right 1 2 3 4 5 too long
- d. Explanations and answers  
to your questions were . . . . . clear 1 2 3 4 5 confusing
- e. People doing the tests were . . . . . competent 1 2 3 4 5 not competent
- f. What you were supposed  
to do next was . . . . . clear 1 2 3 4 5 confusing
- g. Did you feel you were  
unnecessarily run around  
from place to place . . . . . definitely no 1 2 3 4 5 definitely yes

6. Would you prefer to have had your child's hearing loss identified earlier?

Yes       No       Uncertain

7. Looking back at the activities involved in finding out that your child had a hearing loss (tests, doctor visits, etc.), did the benefits outweigh the negatives (such as extra time for doing tests, concerns you felt, any costs, etc.)?

- Definitely yes**, many more benefits than negatives.
- Yes**, a few more benefits than negatives.
- No**, a few more negatives than benefits.
- Definitely no**, many more negatives than benefits.

8. What was best about the process to diagnose your child's hearing loss? (use the back for more space if necessary)

9. How could the process to diagnose your child's hearing loss have been done better? (use the back for more space if necessary)

<b>Your Child's Preschool Program</b>
---------------------------------------

10. We want to know more about the services your child has received (or is receiving) to help with his or her hearing loss (for example, speech therapy, visits to doctors, a special preschool program, etc.). In the space below, list up to 4 services he or she receives that you think are most important and briefly describe them.

Name of Doctor or Agency Providing Service	Brief Description of Service	Age of Child When Service Began	Quality of Service				
			Excellent 1	2	3	4	Poor 5
1.			1	2	3	4	5
2.			1	2	3	4	5
3.			1	2	3	4	5
4.			1	2	3	4	5

## 11. Does your child wear a hearing aid?

 Yes (go to #12)

 No (go to #14)

 12. How old was your child when he or she began wearing the hearing aid? \_\_\_\_\_  
 (months)

13. What do you think about your child's hearing aid?

- |  |                        |   |   |   |   |   |                          |
|--|------------------------|---|---|---|---|---|--------------------------|
| a. It improves my child's communication skills | a lot                  | 1 | 2 | 3 | 4 | 5 | very little              |
| b. Getting my child to consistently wear it is | very easy              | 1 | 2 | 3 | 4 | 5 | very difficult           |
| c. The cost of the aid is                      | not a financial burden | 1 | 2 | 3 | 4 | 5 | a great financial burden |

## 14. What do you think about the preschool program in which your child is enrolled?

- |   |                |   |   |   |   |   |                 |
|---|----------------|---|---|---|---|---|-----------------|
| a. My relationship with program staff is . . . . .                                  | excellent      | 1 | 2 | 3 | 4 | 5 | poor            |
| b. Staff at the program are . . . . .   | helpful        | 1 | 2 | 3 | 4 | 5 | not helpful     |
| c. My opinion is . . . . .  | listened to    | 1 | 2 | 3 | 4 | 5 | not listened to |
| d. Talking to the program staff is . . . . .  | easy           | 1 | 2 | 3 | 4 | 5 | difficult       |
| e. Program staff are . . . . .  | very competent | 1 | 2 | 3 | 4 | 5 | incompetent     |
| f. Program staff's efforts to keep me informed are . . . . .                        | excellent      | 1 | 2 | 3 | 4 | 5 | poor            |
| g. I would recommend this program to someone else with a child like mine? . . . . . | definitely yes | 1 | 2 | 3 | 4 | 5 | definitely no   |

15. Does your child have an Individualized Education Plan (IEP) at the preschool program he or she attends?

Yes (answer #16-19)

No  
 Don't Know (go to #20)

16. What do you think about that IEP?

	Strongly agree				Strongly disagree
a. It accurately and completely describes what my child needs.	1	2	3	4	5
b. I was involved in deciding what should be included in the IEP.	1	2	3	4	5
c. My opinions and suggestions about the IEP were listened to.	1	2	3	4	5
d. Explanations and answers to my questions were clear.	1	2	3	4	5
e. My child receives all of the services described on the IEP.	1	2	3	4	5
f. The time I spent talking about the IEP with the program staff was well spent.	1	2	3	4	5

17. What is the name or title of your Service Coordinator as listed on the IEP?

\_\_\_\_\_  Don't Know  
 Name or Title

18. What was the best part about developing your child's IEP? (use the back for more space if necessary)

19. How could the process to develop your child's IEP have been done better? (use the back for more space if necessary)

20. When your child turns 5 or 6 and graduates from the current preschool program, do you know which public school he or she will attend?

Yes (go to #21)

No (go to #22)

21. As you get ready for the future, what do you think about the services?

- |   |   |   |   |   |   |      |
|---|---|---|---|---|---|------|
| a. My knowledge about the services in the public school program for my child is . . . . . excellent             | 1 | 2 | 3 | 4 | 5 | poor |
| b. Activities and procedures to make the move easy from the current program to the next are . . . . . excellent | 1 | 2 | 3 | 4 | 5 | poor |
| c. Services for children with hearing loss at the public school my child will attend are . . . . . excellent    | 1 | 2 | 3 | 4 | 5 | poor |

22. What are the strengths of the preschool program in which your child is currently enrolled? (use the back for more space if necessary)

23. What would you like to change about the preschool program to make it better? (use the back for more space if necessary)



24. Please make other suggestions you have to improve the quality of preschool services for children with hearing loss and their families. (use the back for more space if necessary)

**About You and Your Child**

25. To help us understand your answers, please give us some information about you and your child.

- a. When and where was your child born?  /  /   
Month Day Year
- State  Hospital
- b. Are you the child's  Mother  Father  Foster Parent  
 Grandparent  Other   
Specify
- c. To what ethnic group does your child belong?  
 Caucasian  Hispanic  Pacific Islander  
 African American  Asian  Native American  
 Other
- d. What is your highest level of education?  
 some high school  college degree  
 high school graduate  graduate degree  
 some college or vocational school after high school
- e. How many members live at home in your family?  
 children  adults
- f. What county do you live in?   
name of county

26. If we have questions about any of your answers, is it okay if we call you? (Your answers will still be confidential.)

\_\_\_\_ Yes

\_\_\_\_ No

Please give us your name, phone number, and best time to call:

Name: \_\_\_\_\_

Best phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

**THANK YOU FOR YOUR HELP!!** Please return the questionnaire in the postage-paid envelope to Utah State University and return the postage-paid postcard to your early intervention program so they won't bother you with follow-up requests.