

DMFP Survey (MN) July 2014

1 How would you rate yourself as a current ASL user?

- Survival Signs:** drink, hungry, etc
- Novice:** know vocabulary signs but not sure how to put it in sentences
- Intermediate:** Uses some ASL sentences structure
- Advance:** Understand most of the ASL conversational topics
- Advance Plus:** Fluent in ASL

• Comment:

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2 Since starting the Deaf Mentor Family Program, how much has the communication between you and your child improved?

A Great Deal Quite a Bit Somewhat Very Little Not at All

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• Comment:

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3 Do you understand the Deaf Mentor's instructions of ASL?

- Yes
- No

- Comment:

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4 Does the Deaf Mentor's work schedule meet your needs (are they on time, available, flexible, etc.)?

Yes

No

- Comment:

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5 Did the Deaf Mentor share information about: check that apply.

Deaf Culture

Deaf Community

Technology use within Deaf Community

None of the above

- Comment:

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6 Did the Deaf Mentor use library materials as teaching tools, and if so, were the library materials helpful to you?

Yes

No

- Comment:

STAYVILLE

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7 Do you want more library materials to assist you with learning more signs? i.e.iPads, children storybook with signing DVD, etc. If so, what type of materials? Respond in comment box below.

Yes

No

- Comment:

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8 What additional family activities or support services would you like to see Deaf Mentor Family Program offer? i.e. social events, provide ASL class?

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9 How satisfied are you with the service you received from the Deaf Mentor Family Program?

Very Satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very Dissatisfied

• Comment:

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1 Would you recommend the services of Deaf Mentor Family Program to other Families with deaf and
0. hard of hearing children?

Yes

No

• Comment:

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1 How much information did the Deaf Mentor give you about other services and resources that can help
1. you support your child? i.e. Minnesota Hands and Voices, Interpreter services, ASL classes provided in
your local community.

None Not Enough Somewhat Enough Too Much

• Comment:

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12 What other services and resources, do you need for the Deaf Mentor Family Program to provide? i.e.
. need more information how to get interpreter service for your child, etc.

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SAMPLE

13 Please include comments regarding the benefits of the program or suggestions for changes.

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SAMPLE