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Audiology Survey Questions

Welcome and Thank You for Assisting the SNAPSHOT Study! We are conducting a study on the early intervention system for children who are deaf and hard of hearing (D/HH) in your state. Your responses to these questions will help us to better understand the strengths and challenges of early intervention programs serving children who are D/HH and their families and to provide resources to improve those programs.

Agreement to Participate

Please review the explanation of your rights regarding participation in this study as required by the Institutional Review Board at Utah State University. You should have received a copy of the Informed Consent as an attachment to the email we sent you. You can also get a copy by clicking on the following link: [Provider Survey Letter of Information.pdf](#)

- This certifies that I received a received 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 I can withdraw at any time - please click this box to continue

What state are you in?

- Massachusetts
 Minnesota
 Montana etc...

How many years have you practiced audiology?

- 0-2 Years
 3-5 Years
 6-10 Years
 11-15 Years
 16 + Years

Approximately what percentage of your current caseload is children ages birth to three?

- 0 – 5%
 6 – 25%
 26-50%
 51-75%
 76-100%

For whom do you work? Check all that apply

- Private, for profit clinic
 Public health agency
 School district/early intervention program
 Other (please describe) _____

What types of services do you provide to children birth to age 3 and their families? Check all that apply

- Hearing evaluations and assessments
- Hearing aid fitting and management
- CI management
- Hearing technology counseling
- Communication mode counseling
- Auditory habilitation or other therapy
- Other – please specify _____

What other services do you provide? Check all that apply

- Connect families to other services
- Facilitate family support groups or activities
- Provide information to primary care/medical home providers
- Coordinate care and make referrals to other providers, e.g., ENT, vision specialists)
- Collaborate with EI providers

Tell us about your experiences in the past year: In the past year, did you...

Communication with early intervention

	Yes	No
See a child with hearing loss and refer the family to early intervention because they were not already receiving services?	<input type="radio"/>	<input type="radio"/>
See a child referred to you from the early intervention program?	<input type="radio"/>	<input type="radio"/>
Provide requested audiological information about a child to the early intervention program?	<input type="radio"/>	<input type="radio"/>
Receive an invitation to participate in an IFSP meeting?	<input type="radio"/>	<input type="radio"/>
Participate in an IFSP meeting?	<input type="radio"/>	<input type="radio"/>
Receive a copy of an IFSP for a client?	<input type="radio"/>	<input type="radio"/>
Consult with early intervention staff about a client's needs to inform your or their services?	<input type="radio"/>	<input type="radio"/>
Consult with early intervention staff about a client's progress to inform your or their services?	<input type="radio"/>	<input type="radio"/>
Provide requested training to early intervention providers on hearing-related issues?	<input type="radio"/>	<input type="radio"/>
Receive information or training from the early intervention program?	<input type="radio"/>	<input type="radio"/>

EI challenges and successes

	Yes	No
Experience difficulty contacting the early intervention program?	<input type="radio"/>	<input type="radio"/>
Suspect that an infant or toddler who is D/HH may not be receiving appropriate early intervention services?	<input type="radio"/>	<input type="radio"/>
Hear from parents that the early intervention system is not working for them?	<input type="radio"/>	<input type="radio"/>
Hear positive feedback from parents on the state's early intervention system?	<input type="radio"/>	<input type="radio"/>
Receive requests from parents seeking private services to supplement early intervention services?	<input type="radio"/>	<input type="radio"/>

Communication with EHDI and others

	Yes	No
Share requested audiological information with a child's primary care provider or physician?	<input type="radio"/>	<input type="radio"/>
Receive training or information from State Specific Early Hearing Detection and Intervention (EHDI) program?	<input type="radio"/>	<input type="radio"/>
Respond to a request for information for information about a child/family from State Specific Early Hearing Detection and Intervention (EHDI) program?	<input type="radio"/>	<input type="radio"/>
Experience difficulty contacting State Specific Early Hearing Detection and Intervention (EHDI) program?	<input type="radio"/>	<input type="radio"/>

What challenges face families who have an infant or toddler (0-3) who is D/HH living in your state?

What do you think is working well in your state for families who have an infant or toddler (0-3) who is D/HH?

Telephone Interview

We will be conducting follow-up telephone interviews with a randomly selected group of providers who have completed the survey and indicate they agree to be interviewed. The phone interview will last approximately 30 minutes. Those that are selected and complete the phone interview will receive a \$50 check in appreciation for their time.

Would you be willing to participate in a follow-up call with our staff?

- Yes
- No

Answer If Would you be willing to participate in a follow-up call with our staff? Yes Is Selected

Thank you - please provide us with your contact information:

Your Name

Email

Phone Number including area code

Answer If Would you be willing to participate in a follow-up call with our staff? Yes Is Selected

If the number above is a mobile phone, may we text you?

- Yes
- No
- Text me at alternate number: _____