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Provider Survey Questions

Welcome and Thank You for Assisting the SNAPSHOT Study! Your assistance with this study will help us to better understand the strengths and challenges of serving children who are D/HH and their families. Learn more about the SNAPSHOT Project.pdf

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 Letter of Information 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

Do you currently provide professional services to any children ages birth to 3 years old who are Deaf or Hard of Hearing (D/HH)?

- Yes
 No

Note: if they say no, it will end the survey and thank them for participating

In what state are you employed? (drop down list provided)

Your Employment

What types of services do you provide? check all that apply

- Service coordination
- Speech/language therapy
- Auditory/verbal or listening and spoken language therapy
- Physical therapy
- Occupational therapy
- Sign language instruction
- Cued speech instruction
- Genetic counseling
- Training on assistive hearing devices (hearing aids, cochlear implants, etc.)
- Telehealth/Tele-intervention
- Audiology services
- D/HH Specific Early Intervention
- EI Developmental Services
- Adult Role Model / Deaf Mentor
- Vision Services
- Other (please describe) _____
- Other (please describe) _____

For whom do you work or with whom do you contract to provide services? Check all that apply

- A state or public agency
- A private, for-profit organization
- A non-profit organization
- Other (please specify) _____

How many years of experience do you have in early intervention for children who are D/HH?

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

On average, how many individualized sessions (e.g., home visit, speech therapy) do you provide to each family on your caseload with a child who is D/HH?

- I do not provide individual sessions
- Less than 1 session per month
- 1 session per month
- 2-3 sessions per month
- 1 session per week
- 2 sessions per week
- 3 or more sessions per week
- Other (please specify) _____

On average, how many group sessions (e.g., toddler play group, group ASL lessons) do you provide to each family on your caseload with a child who is D/HH?

- I do not provide group sessions
- Less than 1 session per month
- 1 session per month
- 2-3 sessions per month
- 1 session per week
- 2 sessions per week
- 3 or more sessions per week
- Other (please specify) _____

Are you a service coordinator?

- Yes
- No

Answer If Are you a service coordinator? Yes Is Selected

How many times within a 6 month period are you in contact with each family?

- Once
- 2-3 times
- 4-5 times
- Other (please specify) _____

Please estimate the percentage of families (with children who are D/HH) you serve that use each communication modality. Note: this may total more than 100%

	0 – 5%	6 – 25%	26-50%	51-75%	76-100%
Sign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening and Spoken Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Education

What is the highest degree you hold?

- BA
- BS
- MA
- MS
- MEd
- EdD
- PhD
- MD
- AuD
- Other (please specify) _____
- Certificate Program (please specify) _____

In what area was your degree?

- Deaf Education
- Elementary Education
- Early Childhood
- Speech Language Pathology
- Early Childhood Special Education
- Special Education
- Other (please specify) _____

What certifications do you hold that pertain to serving children who are D/HH? Check all that apply

- Teacher of the Deaf
- D/HH Early Intervention Specialist
- Auditory-Verbal (AVT or AVEd Cert)
- Speech Language Pathology
- Educational Interpreter
- Other (please specify) _____
- Other (please specify) _____

How adequate was your educational program in preparing you to provide early intervention services to families of children who are D/HH?

- Very Inadequate
- Inadequate
- Adequate
- Very Adequate

Your Knowledge

Please rate your knowledge about working with children who are D/HH and indicate where you learned about each topic:

	Your Knowledge				Where did you learn? check all that apply			
	Excellent	Good	Fair	Poor	Formal Education	On the Job Experience	Inservice/ Continuing Ed	Other
Early intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State-specific Early Hearing Detection and Intervention (EHDI) Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of children who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching children who are D/HH using Sign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching children who are D/HH using Listening and Spoken Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching children who are D/HH using Total Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth or teleintervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDEA Part C regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-literacy instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Practical Service

How would you rate your ability to help families with the following issues:

	Ability to assist?				How often?			
	Excellent	Good	Fair	Poor	Never	Sometimes	Often	Always
Provide families with choices concerning services and supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help families learn about all communication modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coach families to take the lead in setting goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure the family feels confident that they are part of the team when meeting about their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help parents understand their legal rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate with other providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help families get services like child care, transportation, respite care, or food stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help families get in touch with other families for support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve families from different cultures than yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you coordinate with the following partners? Please list other groups you coordinate with in the spaces provided

	Yes - we coordinate well with them	Yes - but our coordination needs some work	No
Primary care providers (e.g., pediatricians)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other therapists outside of your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family support organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language interpreters for family if needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Summary

Please share your opinion - remember, no information you provide on this survey will be shared except in aggregate form where respondents cannot be identified

How satisfied are you with your job?

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied

How adequate is your pay considering your responsibilities and hours worked?

- Very inadequate
- Inadequate
- Adequate
- Very Adequate

In general, how well do you think the early intervention system in your state meets the needs of children who are D/HH and their families?

- Poor
- Fair
- Good
- Excellent

In your opinion, what changes could be made to help early intervention work better in your state?

Rate the barriers faced by families of infants and toddlers who are D/HH:

	Not A Barrier	Small Barrier	Large Barrier
Finding out about EI services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding out about other D/HH providers (e.g., private programs, specialists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting providers to talk to one another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of qualified providers in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for more intensive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of financial resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate with providers in languages other than English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of family-to-family support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of services available in all communication modalities for their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About You

What is your age?

- Under 21
- 21-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

What is your gender?

- Male
- Female

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

What 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) _____

Are you deaf or hard of hearing (D/HH)?

- Yes
- No

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

	No fluency	Some fluency	Fluent
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Sign Language (ASL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 this alternate number _____