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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: Learn more about the SNAPSHOT Project.pdf

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 Letter of Information by clicking on the following link: Recent Graduate Informed Consent.pdf

Agreement to Participate

☐ 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

From what Institution did you graduate?
☐ All participating institutions listed

What year did you graduate?
☐ 2010
☐ 2011
☐ 2012
☐ 2013
☐ 2014
☐ 2015
☐ 2016

Which 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

How would you describe the program's focus on communication options for persons 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
- [ ] Mostly (76%+) children who are D/HH
- [ ] More than half (51-75%) of children who are D/HH
- [ ] Less than half (26-50%) of children who are D/HH
- [ ] Very few (up to 25%) children are D/HH
- [ ] 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
### 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?

<table>
<thead>
<tr>
<th>Area</th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
<th>Not Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Language Development</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>IFSP Development/Evaluation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Other Disabilities</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Second Language Learning</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Current Trends in Hearing Technology</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Current Trends in Deaf Education</td>
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<td>o</td>
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<tr>
<td>Telehealth</td>
<td>o</td>
<td>o</td>
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<td>o</td>
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<tr>
<td>Itinerant Teaching</td>
<td>o</td>
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<td>o</td>
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<tr>
<td>How to Assess Children who are D/HH</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>How to Teach children who are D/HH using Sign Language</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>How to Teach children who are D/HH using Listening and Spoken Language</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>How to Teach children who are D/HH using Total Communication</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>How to Provide Speech Therapy</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>How to Coordinate with other Providers</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>How to Provide Family-Centered Services</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Strategies for Teaching Reading and Writing</td>
<td>o</td>
<td>o</td>
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<td>o</td>
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<tr>
<td>How to Work with Teachers and Administrators</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>How to Advocate for System Change</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

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

What is your gender?
- Male
- Female

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 of Hispanic, Latino, or Spanish origin? 
- Yes
- No

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

<table>
<thead>
<tr>
<th>Language</th>
<th>No fluency</th>
<th>Some fluency</th>
<th>Fluent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

- Yes
- No

Thank you - please provide us with your contact information:
- Your Name
- Email
- Phone Number including area code

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

- Yes
- No