Feedback Form

◊ Was the Babies and Hearing Loss Notebook useful to you and your family?
  • Not Useful       • Somewhat Useful       • Very Useful

Please comment on what was or was not useful about the notebook:
____________________________________________________________________________

◊ Has the information in this notebook helped you to understand the impact of hearing loss on your child and family?
  • Not Useful       • Somewhat Useful       • Very Useful

Please comment on how this was helpful or not:
____________________________________________________________________________

◊ Did you find this notebook helpful in making decisions about your child’s hearing healthcare?
  • Not Useful       • Somewhat Useful       • Very Useful

Please comment on how this was helpful or not:
____________________________________________________________________________

◊ Did you find the Keeping Track Section of this notebook useful?
  • Not Useful       • Somewhat Useful       • Very Useful

Please comment on which keeping track pages were most useful for you:
____________________________________________________________________________

◊ Please rate the sections of this notebook for their usefulness.
  (1 = most useful.  6 = least useful.)
  _____ Celebrating your Child  _____ Exploring the Possibilities
  _____ Supporting your Family  _____ Keeping Track
  _____ Getting the Facts  _____ Looking Ahead

◊ If you have additional comments about the Babies and Hearing Loss Notebook please include them on a separate sheet of paper. We are very interested in your feedback!