

Evaluation of the Infant Hearing Screening and Assessment Program (IHSAP)

Instructions: Because your early intervention program serves children with hearing loss, we would like your opinion about Ohio Infant Hearing Screening and Assessment Program (IHSAP). Please answer the following questions as completely and candidly as you can. If you don't know an exact answer, please estimate. There are no right or wrong answers. The best answer is one which tells how you honestly feel or what you think. Your individual response will remain confidential. Results will only be reported as grouped summaries. Thank you for your help!

1. Please complete the table below showing how many children are currently enrolled in your early intervention program.

	(a) Total # of children in program	(b) # of children with hearing loss, but no other disability	(c) # of children with another disability who ALSO have a hearing loss
Children 0-12 months of age			
Children 13-24 months of age			
Children 25-36 months of age			

2. For each of the following items, circle the number that best indicates your answer for children with hearing losses in your program. Each question requires two (2) answers.

	Children with a hearing loss but no other disability					who	Children with another disability who ALSO have a hearing loss				
	Strongly agree				Strongly disagree		Strongly agree				Strongly disagree
a) When a child enters our program, we have accurate information about the nature and severity of the child's hearing loss	1	2	3	4	5		1	2	3	4	5
b) We have appropriate training and experience to serve children with hearing losses	1	2	3	4	5		1	2	3	4	5

	Children with a hearing loss but no other disability					who	Children with another disability who ALSO have a hearing loss					
	Strongly agree	2	3	4	Strongly disagree		Strongly agree	2	3	4	Strongly disagree	
c) Our program has appropriate materials and equipment to serve children with hearing losses	1	2	3	4	5		1	2	3	4	5	
d) The needs of children with hearing losses are adequately met by our program	1	2	3	4	5	1	2	3	4	5		
e) Parents are satisfied with the services their children with hearing losses receive		1	2	3	4	5		1	2	3	4	5

3. What is the greatest need or challenge your program has with respect to serving children with hearing loss (use the back for more space if necessary)?
4. Please describe briefly any areas in which training could be provided to enable you to better serve children with hearing losses.

5. In the next items, we want to determine how well information about the Ohio Infant Hearing Screening and Assessment Program (IHSAP) has been distributed. Please indicate whether each item is true or false.
- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| a) All birthing hospitals and Children s Hospitals are required to participate in the Infant Hearing Screening and Assessment Program. | True | False |
| b) Only children born in Neonatal Intensive Care Units (NICUs) are usually evaluated for hearing loss risk indicators. | True | False |
| c) Hospital-based screening for hearing loss risk indicators done as a part of IHSAP must be done by licensed audiologist. | True | False |
| d) For all babies who have a hearing loss risk indicator, hospitals must submit a form to the State Department of Health. | True | False |
| e) As long as hearing loss is identified before the child is 24 months old, it is very unlikely there will be any long-term negative consequences. | True | False |
| f) When a baby fails the hearing screen and the subsequent hearing assessment, the hospital is required to refer that baby to an early intervention program in the area. | True | False |
6. a) Think about children with hearing loss served by your program. What is your best estimate of the age at which the hearing loss was confirmed for these children?

Percentage Identified:

- _____ before 3 months
 _____ 3-6 months
 _____ 7-12 months
 _____ 13-24 months
 _____ after 24 months

(Sum of five categories should be 100%)

- b) Were most (more than 50%) of these children referred through IHSAP?

_____ Yes _____ No _____ Don t Know

7. Do you know of children with hearing loss who were referred to your early intervention program as a direct result of IHSAP (the Ohio Infant Hearing Screening and Assessment Program)?

Yes _____

No _____ (go to #8)

- a) For children identified because of IHSAP, do you receive sufficient information from the hospital or audiologist about the child?

_____ Yes

_____ No (If no, briefly explain what additional or different information you would like.)

- b) For children identified through IHSAP, do parents appear to be aware of their child's needs?

Very well ←————→ Not at all
1 2 3 4 5

- c) Is there unnecessary delay between the time a child is identified in IHSAP and the time the child is referred to your program?

Definitely Yes ←————→ Definitely No
1 2 3 4 5

- d) Please note below any suggestions you have for improving the way in which IHSAP identifies and refers children (use the back if necessary).

The following questions are about what happens with children with hearing loss when they graduate from your early intervention program.

8. a) Do you know which preschool programs children with hearing losses will attend?

Yes, for all or almost all

Yes, for most

Yes, for a few

No (go to #9)

b) How good are the services for children with hearing losses at these preschools?

Excellent ←————→ Very Poor Don't Know
1 2 3 4 5 DK

c) How good a job do these preschools do in providing the communication options needed by your children and their families?

Excellent ←————→ Very Poor Don't Know
1 2 3 4 5 DK

d) How willing are school districts to work with families in meeting the needs of children with learning loss?

Very willing ←————→ Very unwilling Don't Know
1 2 3 4 5 DK

e) How much contact do you or someone else at your program have with administrators/teachers at these preschools to help with the transition process from your program to the new school?

Extensive ←————→ None Don't Know
1 2 3 4 5 DK

9. What suggestions do you have to improve the transition from early intervention programs to preschool for children with hearing loss (use the back for more space if necessary)?

THANK YOU FOR YOUR HELP!! Please return the questionnaire in the postage-paid envelope to Utah State University.