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 c hildren 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.

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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 ALSO have a hearing loss													
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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 1 hearing losses are adequately met by our program	2		3		4		5			1	2		3	2	1	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.

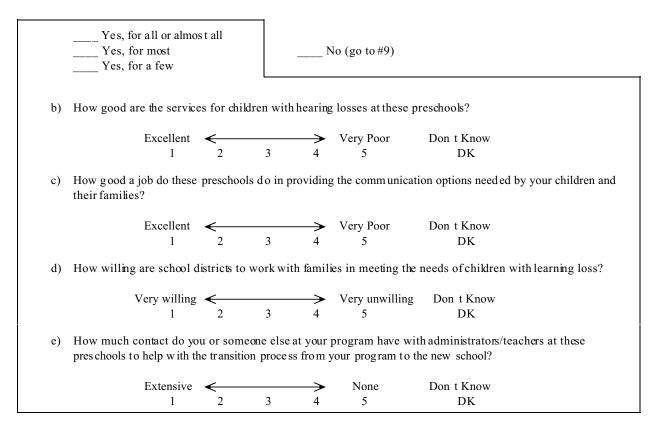
5.	Sc	In the next items, we want to determine how well information about the Ohio Infant Hearing Screening and Assessment Program (IHSAP) has been distributed. Please indicate whether each item is true or false.					
	a)	All birthing hospitals and Children's Hospitals are required to participate in the 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 y estimate of the age at which the hearing loss was confirmed for these child					
		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 IHS audiologist about the child?	SAP, do you receive sufficient information from the hospital or
		no, briefly explain what additional or different information would like.)
b)) For children identified through IUSA	P, do parents appear to be aware of their child s needs?
0)		Not at all 3 4 5
c)		ne time a child is identified in IHSAP and the time the child is referred to
	Definitely Yes	$ \begin{array}{cccc} & & \text{Definitely} \\ & & \text{No} \\ & & 3 & 4 & 5 \end{array} $
d)		ou have for improving the way in which IHSAP identifies and refers
(u)	children (use the back if necessary).	a nave for improving the way in which first indentities and refers

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?



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)?