

Date

To the Parent or Guardian of:  
«CHILDFIRST» «CHILDLAST»  
«ADDRESS1»  
«ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear Parent:

The Bureau of Early Intervention Services in the Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare and the Pennsylvania Department of Health are committed to working together on behalf of you and your young child with deafness or hearing loss. In order to continually improve and monitor the quality of early identification and early intervention, we are asking for your input.

We hope that you will choose to participate in this survey. After answering the questions, please mail the survey back in the enclosed stamped, self-addressed envelope. Please complete the survey within 10 days of receipt. If you would prefer, you may complete the survey online. To complete the survey online go to:

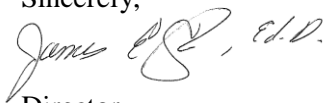
(Place website link here)

When prompted, you will need to enter this unique code: (Need code)

Thank you for your participation! We look forward to hearing from you.

If you need assistance with filling out this survey or need it translated into a different language, please call CONNECT information services at: 1-800-692-7288.

Sincerely,



Director

Departments of Education and Public Welfare | Bureau of Early Intervention Services  
333 Market Street | 6th Floor | Harrisburg, Pennsylvania 17126  
717.346.9320 | F 717.346.9330 | www.education.state.pa.us | www.dpw.state.pa.us

**Si usted tiene preguntas o quisiera ayuda para leer o completar la encuesta, por favor llame a los Servicios Informativos de CONNECT al 1-800-692-7288 V/TTY.**

Nếu bạn cần sự trợ giúp trong việc điền vào bản khảo sát này hoặc cần bản khảo sát được dịch thành một ngôn ngữ khác, vui lòng gọi dịch vụ thông tin CONNECT theo số: 1-800-692-7288.

在填写该调查表时如需帮助, 或者需要将其翻译成不同语言, 请致电-800-692-7288联系. CONNECT 咨询服务专线。

Если Вам нужна помощь в заполнении данной анкеты или ее нужно перевести на другой язык, обращайтесь, пожалуйста в информационный центр CONNECT по телефону: 1-800-692-7288

ប្រសិនបើអ្នកចាំបាច់ត្រូវការជំនួយជាមួយ  
នឹងការបំពេញ(តារាងសំណួរ)ការធ្វើអង្កេត  
តនេះឬ

ត្រូវការបកប្រែវាជាភាសាផ្សេងទៀតនោះ  
សូមទូរស័ព្ទទាក់ទងទៅកាន់ផ្នែកព័ត៌មាន  
របស់ CONNECT ដែលមានលេខ:  
1-800-692-7288។

# Parent Satisfaction Survey

This survey is for families with babies and young children with hearing loss in Pennsylvania. Please respond to all the questions that you can answer. Please complete and mail by **March 16, 2013**

### MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:** ●      **INCORRECT:** ☑ ☒ ☓ ☔

Please write all comments and responses within the shaded comment areas only. Comments placed outside of the indicated areas may be missed when recording your responses.

### Part 1: The questions in this section are about your experiences with medical and audiology professionals before you began Early Intervention (EI).

1) My child was first screened for a hearing loss at birth or before s/he was 1 month old.  Yes  
 No

2) If the results of your child's first screening indicated a need for a second screening test, what happened next?

Select One

- Before my newborn baby was discharged from the birth hospital a second screening was done
- After being discharged my baby returned to the birth hospital for a second screening
- My child's pediatrician or doctor did a second hearing screening in his/her office.
- We were referred to an audiologist outside of the birth hospital for a second hearing screening.
- Other, please describe:

3) After your child was screened for a hearing loss, did someone suggest you see an audiologist for more comprehensive tests?  Yes  
 No

4) My child was first seen by an audiologist for a comprehensive hearing test (not a screening test):

Select one

- before my child was 3 months old
- before my child was 6 months old
- before my child was 9 months old
- before my child was 1 year old
- after my child was 1 year old

5) How long did it take you to get an appointment for a comprehensive hearing test with an audiologist?

Select one

- Within 30 days from my request
- Between 31-60 days from my request
- Between 61-90 days from my request
- More than 91 days from my request:

6) How long did it take from the first visit with an audiologist to get a diagnosis of hearing loss?

Select one

- Within 30 days of the first visit
- Between 31-60 days
- Between 61-90 days
- More than 91 days

5b) If more than 91 days please indicate the amount of time it took: \_\_\_\_\_

6b) If more than 91 days please indicate the amount of time it took: \_\_\_\_\_

Part 1 continues on page 2

PLEASE DO NOT WRITE IN THIS AREA



[SERIAL]

## Comments:

7) The information I received about my child's hearing loss was consistent among professionals (pediatrician, audiologist, ENT - Ear, Nose & Throat doctor, etc.)

- Yes  
 No

If no, please explain:

## Part 2: The questions in this section are about your experiences in Early Intervention (EI).

8) In EI, my child was assessed in all developmental areas (for example, physical and motor skills, social and emotional, communication, adaptive development/self help and cognitive skills) to determine his/her progress.

- | Yes                   | No                    |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |

9) In EI, I was given opportunities for contact with other parents of children with deafness or hearing loss.

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

10) Did you receive parent support information about Hands and Voices Guide By Your Side of PA?

For more information, contact [agaspich@pattan.net](mailto:agaspich@pattan.net) or call 1-800-360-7282, ext. 3908

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

11) In EI, I was offered opportunities to meet adults who are Deaf or hard of hearing.

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

12) Children who are deaf/hard of hearing may have an addition to their IFSP called a Communication Plan. This is not required, but is an option. Does your child have a Communication Plan in addition to the IFSP?

I'd like more information. Please provide contact information at the end of the survey.

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

13) In EI, I was given access to at least one staff person who is qualified in the areas of deafness and hearing loss, such as a teacher of the deaf or a speech therapist.

- Yes  
 No  
 Don't know

14) In EI, I was given information about different ways my family and I could communicate with my child. These included using:

14.1) American Sign Language, with or without English as a second language (also called a Bilingual Approach)

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

14.2) Cued Speech, using English or any other native language of the family

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

14.3) Listening and Spoken Language (also called Auditory-Oral and/or Auditory-Verbal)

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

14.4) Total or Simultaneous Communication, using spoken English and sign language at the same time

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

15) In EI, I was given information about a variety of hearing technologies, such as hearing aids, FM systems, and/or cochlear implants.

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

16) In EI, I received written materials to help me support my child, including the Office of Child Development and Early Learning booklet [Getting Started](#).

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|

17) In EI, I was given information about national, state, and local organizations related to deafness and hearing loss.

- |                       |                       |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|



30) "Hearing services" are the services provided by professionals who have expertise in hearing loss, including teachers of the deaf, or speech-language pathologists, or audiologists. My child's age when **hearing services** began in Early Intervention was:  
Select one

- birth to 3 months
- 4 to 6 months
- 7 to 9 months
- 10 to 12 months
- 13 months to 2 years
- 25 months to 3 years

Yes      No

31) Does your child have additional special needs/diagnoses?

- 
- 

If yes, please describe:

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If you have any additional comments, please use the space below to share your thoughts about your experiences in Early Intervention:

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## Many thanks for your participation!

The results will be used to improve services for families in Early Intervention.

If you would like to be contacted or to receive materials or information, please provide your name, address, phone number and/or email address:

NAME:

COMPLETE ADDRESS:

PHONE:

E-MAIL

IDNUMBER

# I D >

Please return this survey in the **enclosed envelope** to:

Becky Roberts  
Tuscarora Intermediate Unit #11  
2527 US Highway 522 South  
McVeytown, PA 17051-9717