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,

[Signature]

Director

Departments of Education and Public Welfare | Bureau of Early Intervention Services
333 Market Street | 6th Floor | Harrisburg, Pennsylvania 17126
717.346.9320 | r 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

рубашка рукава египетского фараона
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рассказ
рубаха рукава египетского фараона
(палатка) на стене
относительно CONNECT бесплатный: 1-800-692-7288.
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

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:

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

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

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

Part 1 continues on page 2
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.

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

10) Did you receive parent support information about Hands and Voices Guide By Your Side of PA?  
    For more information, contact agaspich@pattan.net or call 1-800-360-7282, ext. 3908

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

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.

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.

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)
   14.2) Cued Speech, using English or any other native language of the family
   14.3) Listening and Spoken Language (also called Auditory-Oral and/or Auditory-Verbal)
   14.4) Total or Simultaneous Communication, using spoken English and sign language at the same time

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

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.

17) In EI, I was given information about national, state, and local organizations related to deafness and hearing loss.
Part 3: The questions in this section are about your perceptions of the quality of services in, and your level of satisfaction with, Early Intervention (EI).

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18) I am satisfied with my EI Service Coordinator’s level of knowledge regarding hearing loss in young children.</td>
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<td>19) My family’s daily routines were considered when planning for my child’s EI services.</td>
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<td>20) In EI, the information I received about the early development of communication, speech and language met my needs.</td>
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<td>21) In EI, the quality of the information I received on the early development of hearing skills met my needs.</td>
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<tr>
<td>22) I am satisfied that the information I received about a variety of different communication options/methods (for example, American Sign Language, Cued Speech, Listening and Spoken Language (auditory-oral &amp; auditory-verbal) and Total Communication) was provided in an unbiased way.</td>
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<tr>
<td>23) In EI, the information I was given about the variety of hearing technologies available (for example, hearing aids, FM systems, and/or cochlear implants) met my needs.</td>
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<td>24) I am satisfied that I can have an active role in the EI program in my area (for example: attending and participating in the local and/or state interagency coordinating council, and/or as a partner in providing training, etc).</td>
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<td>25) Overall, I am satisfied with my child’s EI services.</td>
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<td>26) Overall, my child’s EI services made me feel better equipped to care for his/her needs.</td>
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Part 4: The questions in this final section are very important in assisting us to plan supports for families and children.

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<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>27) My relationship to the child, please select one:</td>
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<tr>
<td>Mother</td>
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<td>Father</td>
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<td>Grandmother</td>
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<td>Grandfather</td>
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<tr>
<td>Foster Parent</td>
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<td>Other</td>
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<tr>
<td>IF other please indicate your relationship:</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>28) My child’s age now is: (Select one)</td>
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<tr>
<td>birth to 3 months</td>
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<td>4 to 6 months</td>
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<td>7 to 9 months</td>
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<tr>
<td>10 to 12 months</td>
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<td>29) My child’s age when Early Intervention services began was:</td>
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<td>Select one</td>
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<td>10 to 12 months</td>
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<td>13 months to 2 years</td>
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<td>25 months to 3 years</td>
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Part 4 continues on page 4
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

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

- ☐ Yes
- ☐ No

If yes, please describe:

________________________

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

________________________

________________________

________________________

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

Please return this survey in the enclosed envelope to:

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