CHIP Facilitator Survey- 2014

Name (optional) _____________________________________ Years with CHIP program __________

Did you see families as a CHIP facilitator during 2013?      Yes     No       If yes, how many?   _______

Continuing Education

1. During the calendar year 2013, did you participate in any Webinars related to deafness (e.g., on-line trainings offered by Cochlear Corporation, H.O.P.E., CSDB, Gallaudet, Audiology On-Line, etc )?  
   
   Yes      No   If yes, how many? _________

2. How do you prefer to learn?
   
   _____ webinars/on-line trainings   _____ Small groups on specific topics
   _____ Individual mentoring       _____ In-person trainings, workshops, or conferences

3. Indicate the **number of times** you have participated in training/mentoring with your CO-Hear Coordinator(s) in the year 2013:
   
   Regional group trainings = _____   Individual meetings in person = _____
   Joint home visits =_____        Joint IFSP, transition and/or Child Find meetings = _____
   Phone/email consultation **per month** (circle one):    none   1   2-3   4-8   9+

FAMILY Assessment

1. In the calendar year 2013, how many of your families participated in the FAMILY Assessment?

   None       Some    Most   All

2. If some of your families have *not* participated in the assessment, please indicate why:

3. How valuable is the FAMILY assessment to you in documenting a child’s abilities and progress

   Not at all valuable   Very Valuable
   1                2                3                4                5                6                N/A
   Never used

4. How valuable is the FAMILY assessment to you in setting goals for your children/families?

   Not at all valuable   Very Valuable
   1                2                3                4                5                6                N/A
   Never used
Family Support

Please check the kinds of support you have provided to families in the past year. If you have not seen a family this year, check the supports you provided during the last year you were with a family. If you did not provide a particular support to any of your families, please indicate why.

1. Connected the family with deaf or hard-of-hearing adult role models  Yes  No
   If no, why not?
   ____ Family stated they didn’t want this
   ____ I felt the family wasn’t ready so haven’t suggested it yet
   ____ I’m not aware of the Deaf/Hard-of-Hearing Adult Role Model Program
   ____ Appropriate Role Model is not available
   ____ Families have made a connection with a Deaf or Hard of Hearing Role Model through other avenues (Early Years, IRP, Children’s Hospital, CO-Hear or Facilitator is Deaf)
   ____ Other, please specify: ___________________________________________________

2. Connected the family with other families who have children with hearing loss (either on my own or by working with/referring to Hands & Voices)  ______ Yes  _____ No
   If no, why not?
   ____ Family stated they didn’t want this
   ____ I felt the family wasn’t ready so haven’t suggested it yet
   ____ I’m not aware of how I would do this
   ____ Other, please specify: ___________________________________________________

3. Check which of the following Hands & Voices resources you have shared with a family:
   ____ Bridge to Preschool
   ____ Resource Guide
   ____ Parent Funding Toolkit
   ____ The Communicator
   ____ Other: __________________________________________________________
   ____ None yet

5. How many non-English speaking families did you work with in 2013?  __________
   a. Did you use an interpreter?  Always  Sometimes  Never
   b. What special challenges did you face with these families (if any)?
6. Have you connected a family with the Oral Communication Consultant in the past year?  Yes  No
   If yes, please rate the effectiveness of this support:
   Not at all valuable     Very valuable
   1  2  3  4  5  6  7

7. Please check any of the following that one or more of your families attended in 2013. If you have
   not seen a family this past year, complete this table based on the last year you were with a family. In
   the last column check any of the following that YOU have attended this past year.

<table>
<thead>
<tr>
<th>Family Supports Outside of CHIP</th>
<th>One or more of my families attended in 2013</th>
<th>I attended in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Learning Retreat</td>
<td></td>
<td></td>
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<tr>
<td>Listen Foundation informational or social events</td>
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<td></td>
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<tr>
<td>Hands &amp; Voices informational or social events</td>
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<tr>
<td>Toddler Group at Children’s Hospital</td>
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<tr>
<td>ELDI (IRP) events</td>
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<tr>
<td>Early Years</td>
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<tr>
<td>Parent support groups for disabilities other than hearing loss</td>
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<tr>
<td>Other: ________________________</td>
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</tbody>
</table>

LENA

1. Have you used LENA with any of your families  Yes  No

2. Please rate the value of LENA in planning and monitoring intervention effectiveness:
   Not at all valuable     Very valuable
   1  2  3  4  5  6  N/A

CO-Hear Support

Your CO-Hear’s Name (optional): ____________________________________________________________

Please rate your overall satisfaction with the support your CO-Hear provides to you

   Very Dissatisfied     Very Satisfied
   1  2  3  4  5  6

How can your CO-Hear better support you and your CHIP families?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________(cont. on back)
(only complete this next item if you have two different CO-Hears)

Your other CO-Hear’s Name (optional): ____________________________________________

Please rate your overall satisfaction with the support your CO-Hear provides to you

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

How can your other CO-Hear better support you and your CHIP families?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Optional:
What, in your opinion, are the most significant barriers to a child’s success in early intervention?