

# 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. 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.

Family Supports Outside of CHIP	One or more of my families attended in 2013	I attended in 2013
Family Learning Retreat		
Listen Foundation informational or social events		
Hands & Voices informational or social events		
Toddler Group at Children's Hospital		
ELDI (IRP) events		
Early Years		
Parent support groups for disabilities other than hearing loss		
Other: _____		

## 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)

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**(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

Very Dissatisfied						Very Satisfied
1	2	3	4	5	6	

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

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Optional:

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