Colorado School for the Deaf and the Blind  
Colorado Home Intervention Program – CHIP – Parent Survey

Name of CHIP facilitator (optional) ___________________________________________

Do you currently receive visits from a CHIP facilitator? Yes No

If yes, number of visits per month (on average) _____________

If no, month and year services ended _____________________

Length of time in CHIP (please circle one):  
6 months or less  7-12 months  13-24 months  more than 2 years

Does your child have combined vision and hearing loss? Yes No

Program Utilization

Please indicate your knowledge about, interaction with, and the effectiveness of the following:

<table>
<thead>
<tr>
<th>Program</th>
<th>Don’t know about it</th>
<th>Know, but never used</th>
<th>Previously or currently use (rate level of effectiveness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign Language Instructor (IRP) <em>In-home sign language instructor (other than your facilitator)</em></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Early Years (Parent-child regional groups) **If you attend, circle location: Loveland, Grand Junction, Denver, or Colorado Springs</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Nanette Thompson (Oral Communication Consultant)</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>Colorado Families for Hands &amp; Voices (Parent to Parent Support and Events)</td>
<td></td>
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<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1. How helpful do you feel the Parent Manual is?

   Not at All  Very Helpful  Does not apply  N/A never rec'd one
   1 2 3 4 5

2. How often does your CHIP facilitator mention or look at the CHIP manual when at your house?

   Every session  Most sessions  Occasionally  Never

CHIP Facilitator Effectiveness

Please rate the following characteristics of the CHIP program and your CHIP facilitator:

1. Has your facilitator supported the communication approach (e.g., sign language, oral, etc.) you selected for your child?

   Not Supportive  Very Supportive
   1 2 3 4 5
2. Has your facilitator or CO-Hear Coordinator effectively supported you in your child’s IFSP and/or transition meetings?

<table>
<thead>
<tr>
<th>Not Supportive</th>
<th>Very Supportive</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. Has your facilitator helped you to become more knowledgeable and confident in raising your child?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

4. Has your facilitator collaborated effectively with other professionals who are working with your child (e.g., the audiologist, other therapists, etc.)?

<table>
<thead>
<tr>
<th>Not Effectively</th>
<th>Very Effectively</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</table>

5. If you have any concerns regarding your facilitator, who would you contact? Note: If you don’t know who you should contact, please write “don’t know”: _________________________________

Assessment Process

1. How many times have you participated in the FAMILY assessment offered through CHIP in which you completed developmental questionnaires and/or were videotaped playing with your child? ________

2. If you have never, or currently do not, participate in this assessment procedure, please indicate the reason(s) – check all that apply:

   ____ I just started the CHIP program                  ____ I do not want to be videotaped
   ____ Filling out the questionnaires is too time consuming  ____ I’ve never heard about it
   ____ I don’t feel the assessment is valuable to me and/or my child
   ____ Other (please explain): __________________________________________________________

Communication and Book Reading

1. How do you typically communicate with your child?

   ____ speech only, no sign language        ____ primarily speech with occasional signs
   ____ speech and sign language            ____ sign only, no speech

2. How often do you read a book with your child?

   Daily        several times a week        once a week        never or almost never

3. How comfortable do you feel reading a book to your child?

<table>
<thead>
<tr>
<th>Very Uncomfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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Overall Evaluation

Please rate the overall quality of services provided by CHIP:

_____ well below average  _____below average  _____average  _____very good  _____ excellent

What aspects of CHIP do you feel are going well?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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What concerns or suggestions for improvement do you have regarding CHIP?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________

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Thank you for your time in completing this survey! In appreciation, we would like to enter you in a
drawing for one of three $25 gift certificates to Barnes and Noble. If you would like to participate in the
drawing, please include your name and phone number below. This information will be separated from
your survey upon receipt. Therefore, your name will not be associated with your survey responses

Name: _______________________________________  Phone: ____________________________