



TX GBYS PARENT SATISFACTION SURVEY

**GUIDE BY
YOUR SIDE™**

Thank you for your participation in the Guide By Your Side (GBYS) program. We hope that you found the program helpful and that your Guide was informative, supportive, and unbiased in his/her views. We would appreciate your feedback about your Guide. By taking a few moments to fill out the following survey, we can continue to improve services and support to families. Please be honest in your responses.

1. What was the name of your Guide? (If you had more than one Guide, please complete a survey for each one.) _____

2. How did you learn about the Guide By Your Side Program?
 Audiologist Physician Early Interventionist Other _____

3. Were you satisfied with how long it took for your Guide to contact you?
 Yes No Comments: _____

4. Did your Guide work with you to accommodate your meeting time and location preferences, if applicable?
 Yes No NA Comments: _____

5. Did your Guide provide you with appropriate resource materials to meet your needs, if applicable?
 Yes No NA Comments: _____

6. Did your Guide help connect you with your local early intervention program, local educational agency (school), or other providers/services (therapist, audiologists, parent support groups, online list services, etc.) if applicable?
 Yes No NA Comments: _____

7. Would you benefit from further contact with this Guide?
 Yes No Not at this time, but perhaps in the future.
Comments: _____

8. What did you like the most about your Guide? _____

9. Would you like to share any other feedback about your Guide?

10. Please rate your Guide in the following areas on a scale of 1-4:

1 = Needs Improvement 2 = Good 3 = Outstanding Not Applicable

Guide's ability to share knowledge with you about local/regional/national resources:

1 2 3 N/A

Guide's ability to share information about hearing loss, options for technology, communication, and educational placement:

1 2 3 N/A

Guide's ability to share information about connecting with other families, either individually or through community events:

1 2 3 N/A

Guide's ability to listen and be supportive:

1 2 3 N/A

Guide's sensitivity to your unique family needs, culture and/or language?

1 2 3 N/A

Guide's ability to share information with you in an objective and unbiased way?

1 2 3 N/A

Guide's ability to share their story in an objective and unbiased way?

1 2 3 N/A

11. Please rate the following areas on a scale of 1-3:

1=No Improvement 2= Some Improvement 3= Significant Improvement

Has your level of confidence increased with regard to supporting your child's development and education, as a result of Guide services?

1 2 3

Has your level of stress with regard to raising a deaf or hard of hearing child and navigating systems improved, as a result of Guide services?

1 2 3

Are there any other comments/suggestions that you would like to share?

Thank you for taking the time to complete this form! Feedback to Parent/D-HH Guides will be collective and shared in a way that will protect your identity. We hope you will continue to affiliate with the Texas Hands & Voices Chapter!

**Please return this form in the enclosed envelope to:
Texas Hands & Voices/ Guide By Your Side Program
C/O ERCOD
1102 South Congress Avenue
Austin, Texas 78704**