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Please help us learn about your family's experience with early Intervention (EI) services—those therapies and supports received for children who are between birth and 3 years of age. Though your child may be much older, we want to get your input about these early years.

- A parent or primary caregiver who knows about the services you received should complete this survey.
- Your responses will give states a better idea about how to improve programs, so they can better serve children and families.
- Please provide honest feedback. The survey does not collect sensitive information, and no identifiable information about your family or child will be shared.
- This survey takes about 15 minutes to complete. Simply mail the survey back in the enclosed envelope, or complete the survey online by going to eisnapshot.org.



about your child

1 When was your child born?
Month Year

2 When was your child first diagnosed as D/HH?
Month Year

3 What is their current, unaided degree of hearing loss? *(check all that apply)*

	None	Mild	Moderate	Moderate/Severe	Severe	Profound
Right ear	<input type="radio"/>					
Left ear	<input type="radio"/>					

4 Does your child currently have any of the following? *(check all that apply)*

	None	Mild	Moderate	Severe
Speech/language development delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/emotional delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <i>(please specify)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 What hearing technology is your child using? *(check all that apply)*

	One ear	Both ears
None	<input type="radio"/>	<input type="radio"/>
Hearing aids	<input type="radio"/>	<input type="radio"/>
Cochlear implant	<input type="radio"/>	<input type="radio"/>
Bone conduction aids	<input type="radio"/>	<input type="radio"/>
Other <i>(please specify)</i>	<input type="radio"/>	<input type="radio"/>

6 Compared to other children of the same age, how well does your child communicate with other people? *(check all that apply)*

	Doesn't communicate at all	Has a lot of trouble communicating	Has some trouble communicating	Communicates as well as other children
Now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When your child was 2 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

communication choices

7 During an average day, how much time does your child spend using each communication approach? (check all that apply)

	0–5%	6–25%	26–50%	51–75%	76–100%
Total communication	<input type="radio"/>				
Sign language	<input type="radio"/>				
Listening and spoken language	<input type="radio"/>				
Cued speech	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

8 Rate the information you received about each communication choice when your child was first diagnosed. (check all that apply)

	Excellent Thorough information was provided	Good Mainly understood information provided or had questions	Fair Little information was provided	Poor Information was not provided
Total communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening and spoken language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

early intervention (EI)

9 How did you find out about EI services? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Child's doctor or nurse | <input type="checkbox"/> Neighbor/friend | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> EI provider | <input type="checkbox"/> Family organization(s) (please specify) |
| <input type="checkbox"/> Newborn hearing screening program | <input type="checkbox"/> Child care provider | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Internet website | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Department of Health | <input type="checkbox"/> Advertisement | <input type="checkbox"/> _____ |

10 At what ages did your child receive EI? (check all that apply)

- Did not receive EI services
- 0–5 months
- 6–12 months
- 13–24 months
- 25–36 months

11 When your family was receiving services, how many **individual sessions** (e.g., home visit, speech therapy) did you receive on average?

- Less than 1 session per month
- 1 session per month
- 2–3 sessions per month
- 1 session per week
- 2 sessions per week
- 3 or more sessions per week

12 When your family was receiving services, how many **group sessions** (e.g., toddler play group, group ASL lessons) did you receive on average?

- Less than 1 session per month
- 1 session per month
- 2–3 sessions per month
- 1 session per week
- 2 sessions per week
- 3 or more sessions per week



How much do you agree with the following statements about EI services your family received?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
It was easy for me to get information about how to get early intervention services.	<input type="radio"/>				
I was given choices concerning my family's services and supports.	<input type="radio"/>				
I felt pressured to choose one communication option over the others.	<input type="radio"/>				
I felt our service plans supported my goals for my child.	<input type="radio"/>				
I felt like I was part of the team when meeting to discuss my child.	<input type="radio"/>				
We received services throughout the year, including during the summer, as needed.	<input type="radio"/>				
My EI providers helped me to understand my child's and family's rights concerning EI services.	<input type="radio"/>				
My child's providers coordinated well with one another.	<input type="radio"/>				
My service coordinator helped me get services like child care, transportation, respite care, or food stamps.	<input type="radio"/>				
My service coordinator helped me get in touch with other parents for help and support.	<input type="radio"/>				
My service coordinator asked whether the services my family was receiving met our needs.	<input type="radio"/>				
My service coordinator was available to speak with me on a regular basis.	<input type="radio"/>				
My child's doctor got information about our services.	<input type="radio"/>				
I was often frustrated in my efforts to get EI services.	<input type="radio"/>				
EI improved my child's quality of life.	<input type="radio"/>				
EI improved my family's quality of life.	<input type="radio"/>				
I feel more confident in my skills as a parent, because we received EI services.	<input type="radio"/>				
EI services taught me how to stand up for my child's needs.	<input type="radio"/>				
My child made progress in his/her development because of EI.	<input type="radio"/>				



Please share any additional comments regarding your experience with EI.

family support

15	Concerning information provided to you about family supports, how would you rate the quality of the following? (<i>check all that apply</i>)	Excellent Thorough information was provided	Good Mainly understood information provided or had questions	Fair Little information was provided	Poor Information was not provided
	Opportunities to interact with adults who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Opportunities to meet with other parents of D/HH children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hands and Voices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	AG Bell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Associations of the Deaf (National or State)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	American Society for Deaf Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	State EHDI Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	State Specific PTIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	State Specific F2Fs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other (<i>please specify</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

accessing services

services before your child was 3 years old

16 Did you have to arrange for any private services on your own?

No

Yes (*please list those services and how you found out about them*)

17 Please estimate how much out-of-pocket money (including insurance co-pays, but not amounts paid by insurance) you spent on services **per month** (e.g., therapies, audiology).

\$0

\$1 – 25

\$26 – 100

\$101 – 500

\$501 – 1,000

\$1,001 or more

18 Please estimate how much out-of-pocket money you spent on hearing technology **in total** (e.g., hearing aids, cochlear implants).

\$0

\$1 – 500

\$501 – 1,000

\$1,001 – 10,000

\$10,000 – 100,000

\$100,001 or more

19 Was spending out-of-pocket money for you a financial burden?

No burden

Hardly noticeable

Moderate

Large

Unbearable

20 How well does your child's health insurance cover services and technology?

Everything covered

Some things covered; other costs are reasonable

Some things covered; other costs are not reasonable

Nothing covered

Don't know

Do not have insurance

21

Please complete the following about services **before your child was 3 years old.**
(check all that apply)

	Didn't need	Needed: Received with no problems	Needed: Had difficulty receiving	Needed: Never received
Service coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech/language therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auditory/verbal or listening and spoken language therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign language instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cued speech instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiology services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive hearing devices (hearing aids, cochlear implants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to interact with adults who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting with other families with children who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22

In Question 21, if you answered, "Needed: Had difficulty receiving" or "Needed: Never received," please share the reason(s)
(check all that apply)

	Eligibility problems	Insurance would not cover	Could not find qualified providers	Not available in area	Other reason (please specify)
Service coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Speech/language therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Auditory/verbal or listening and spoken language therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sign language instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cued speech instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Audiology services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Genetic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assistive hearing devices (hearing aids, cochlear implants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Family training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Opportunities to interact with adults who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Meeting with other families with children who are D/HH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other service (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

23 Please share any additional comments regarding any barriers to receiving services **before your child was 3 years old.**

services after age 3

24 Is your child 3 years old or older?
 Yes
 No



**If you answered YES to Question 24, answer Questions 25 and 26.
 If you answered NO, skip to Question 27.**

25 Considering the transition from birth to 3 services, how much do you agree with the following?

	Strongly agree	Agree	Disagree	Strongly disagree	Does not apply
I was informed about the service options available for my child after age 3.	<input type="radio"/>				
I was satisfied with my options for services after EI.	<input type="radio"/>				
My child received the preschool services he/she needed related to being D/HH.	<input type="radio"/>				
I was satisfied with my child's participation with typical peers in preschool.	<input type="radio"/>				

26 Does your child currently have an IEP?
 No
 Yes (please describe what services are on the IEP)

about your family

- 27** What is your relationship to the child?
- Mother
 - Father
 - Stepmother
 - Stepfather
 - Grandmother
 - Grandfather
 - Foster parent or guardian
 - Other relative
 - Other (*please specify*)

- 28** What is your highest education level?)
- 8th grade or less
 - 9th – 12th grade (no diploma)
 - High school graduate (or GED)
 - Completed vocational/trade program
 - Some college
 - Associate degree
 - Bachelor's degree
 - Master's degree
 - Doctorate or professional degree
- 29** In the last year, what was your total household income before taxes?
- Less than \$25,000
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 to \$149,999
 - \$150,000 or more
- 30** What race is your D/HH child? (*check all that apply*)
- White/Caucasian
 - Black/African American
 - American Indian/Native American
 - Alaska Native
 - Asian
 - Native Hawaiian
 - Pacific Islander
 - Other (*please specify*)

- 31** Is your D/HH child of Hispanic, Latino, or Spanish origin?
- Yes
 - No
- 32** What is the gender of your child who is D/HH?
- Male
 - Female
- 33** Are any of your child's parents D/HH?
- No
 - Yes, one parent
 - Yes, both parents
- 34** Are any of your child's siblings D/HH?
- No
 - Yes, some siblings
 - Yes, all siblings
- 35** What type of health insurance does the child have? (*check all that apply*)
- Government (Medicaid or state insurance program, such as CHIP)
 - Private through employer or paid personally
 - Do not have insurance
- 36** What is the zip code where your D/HH child primarily resides?

final thoughts

- 37** Knowing what you know now, what would you have done differently in obtaining EI services for your child?



What is the most important advice you would give a parent whose child has recently been diagnosed with hearing loss regarding EI and family supports?

telephone interview



We will be conducting telephone interviews with a randomly selected group of parents who have completed the survey and indicate they agree to be interviewed. The phone interview will last approximately 30 minutes.

Those that are selected and complete the phone interview will receive a **\$50 check** in appreciation for their time.

Would you be willing to participate in a follow-up call with our staff?

- No
- Yes *(please complete the following information)*

Your name

Email

Phone Number

If this is a mobile phone, may we text you?

- Yes
- No

thank you!!!

Please mail the survey using the postage-paid envelope addressed to NCHAM.

Thank you for participating in this survey. Your responses will help us better understand the strengths and weaknesses of EI services for children who are D/HH and their families.

We will be using your information—together with other participants' data—to make recommendations on ways to improve EI services for D/HH children across the nation.