

**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:

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

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

Not at All

Very Helpful

Does not apply

1

2

3

4

5

N/A never rec'd one

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?

Not Supportive					Very Supportive	Does not apply
1	2	3	4	5		N/A

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

Not at all				Very Much
1	2	3	4	5

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

Not Effectively				Very Effectively
1	2	3	4	5

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?

Very Uncomfortable				Very Comfortable
1	2	3	4	5

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?

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

******* Win a \$25 gift certificate to Barnes and Noble*******

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: _____