Since I began working students who are deaf/hard of hearing in my first practicum in the fall of 2011 I have constantly wondered how to best serve these children and their families. While I received tremendous support and training through my academic program, I feel the best place to receive insight is the parents and families themselves. Because families may sometimes view others as outsiders who do not understand what they are going through or what they need I wanted to create something that would give families an outlet to express themselves in a manner that is non-threatening and non-judgmental, hence this survey. The purpose of this survey is to gain insight into the impact that professionals have on the families they serve and to foster better communication that bridges the gap that sometimes exists between them. This information will be compiled into a book that gives an overview of all information gathered as well as complete profiles of some of the families surveyed. It is my hope that the book created from this project will assist the way we as professionals relate to the families we serve.

This survey will close on Friday, August 28, 2015.

Jennifer Johnson

Jennifer Johnson, BA Deaf Ed.

 Teacher of the Deaf, SLPS

Please answer each question as accurately and honestly as possible providing any details you feel necessary.

Section 1 Diagnosis:

1. Did your child receive a newborn hearing screening? Please list the type(s) of the test your child was given, the age they were when they received the test, as well as the city and state where testing occurred. Click here to enter text.
2. How did you feel about the process of the newborn hearing screening?Click here to enter text.
3. If your child did not receive a newborn hearing screening how did you learn of your child’s hearing loss/deafness? Click here to enter text.
4. With regard to receiving the diagnosis how was it received? Click here to enter text. Was the doctor cold, unattached? Click here to enter text.
5. What resources were offered to you at the time of diagnosis? How? Were they just an afterthought, or was it more sincere? Click here to enter text.
6. Knowing that you would receive the same diagnosis how could the experience have been different/better? Click here to enter text.
7. Please share any other information about your diagnosis. Click here to enter text.

Section 2 Education:

1. Describe your first encounter with finding academic support (pre-school, playgroup, etc.) for your child? Click here to enter text.
2. In regards to locating a school, what were your sources for information? Were you finding things on your own, given suggestions by doctors, support groups etc? Click here to enter text.
3. List 2-3 things that have worked in your child’s school placements. List 2-3 things that have not. Click here to enter text.
4. What has been the number one obstacle you encountered in regards to your child’s education? Click here to enter text.
5. Describe 2-3 things that teachers have done that made a positive impact to your child’s education, self-esteem and overall well-being. Click here to enter text.
6. Describe 2-3 things that teachers have done/said that have made a negative impact to your child’s education, self-esteem and overall well-being.Click here to enter text.

Section 3 Resources:

1. Describe the first time someone directed you to outside resources. Click here to enter text.
2. Describe a time when you requested information on resources and were told none were available. Click here to enter text.
3. Did you find the resources offered to be helpful? Why or why not? Click here to enter text.
4. What have/has been your greatest source(s) for locating resources to meet your family’s needs? Click here to enter text.

Other:

1. What is one thing you wish you were told at the beginning of your journey? Click here to enter text.
2. List 1-2 things you would like doctors, teachers, speech language pathologists etc. to know about working with children who are deaf/hard of hearing. Click here to enter text.

Please share any other information, advice, tips or suggestions that you think would be helpful for professionals who work with families with children who are deaf/hard of hearing\*. Click here to enter text.

Disclosure: All information gained from this survey will be used in a forthcoming book. If you would like to remain anonymous, please sign in the appropriate place below. For consideration for a feature profile, please complete the final section. Thank you for taking the time to share!

\*Disclaimer: I work with children with hearing loss who use all modes of communication and designating deaf with a capital D or lack thereof is not intended to favor or show disrespect of any child or family.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of child (ren) who are Deaf/hard of hearing: Click here to enter text.

Age at diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to remain anonymous, only my city and state can be used with any quote I have provided.

Signature Date

I would like to be considered for a feature in the book:

Click here to enter text.

Address

Click here to enter text.

Phone

Click here to enter text.

Email

Please give your reason(s) for wanting to be featured in the upcoming book:

Click here to enter text.