GENERAL and INDIVIDUAL ITEM INSTRUCTIONS
2011-2012 ANNUAL SURVEY OF DEAF AND HARD OF HEARING CHILDREN & YOUTH

GENERAL INSTRUCTIONS

- Use only a NO. 2 PENCIL, NOT a ballpoint or felt-tip pen.
- DO NOT FOLD, BEND, OR STAPLE the survey form.
- FOR PREVIOUSLY REPORTED STUDENTS: For items that were asked last year, the previously reported information has been pre-printed in each section. Items marked with an asterisk (*) were left blank on the previous survey or are new items; be sure to complete these.
  - If the information for an item is up-to-date or correct, no response is needed
  - Update old information or correct previously reported wrong information by filling in the correct box: e.g., if the instructional setting for the student changed from previously marked item, fill in the box for the new or correct setting (e.g., Resource room).
  - If you wish to add information to previously reported correct information, fill in the box for the new information and also mark the box(es) for the previously reported correct information, e.g., if you wish to add “Counseling” to the previously reported “Tutoring services” in section 12, fill in the boxes for both “Tutoring services” and “Counseling.”
- For “other” responses, fill in the “Other” box and write the information on the line next to “Other:”

SPECIFIC ITEM INSTRUCTIONS

Item #:

1. **SCHOOL-ASSIGNED CODE or STUDENT NAME** Names of students are not required in this survey. If your school does NOT use names, a school-assigned code allowing you to identify your students in subsequent years is essential.

2C. Indicate whether the student is still enrolled in your program (“YES”), is no longer enrolled in your program (“NO”), or has transferred or been promoted to another school program within the same school district (“TRANSFERRED”). If the student is no longer enrolled in the program printed in 2A (“NO”), be sure to fill in the box and skip to section 15 on the back of the survey form, and return the form to GRI.

5. **ETHNICITY** More than one category can be marked if the student is of a multi-racial or multi-ethnic background.

7. **AGE AT DIAGNOSIS OF HEARING LOSS** If the child was born with a hearing loss, mark “At Birth.” Then indicate whether the child’s hearing loss was identified through infant screening. If the hearing loss was diagnosed at “Two years of age or over,” please fill in the specific age as “03”, “05”, “11”, etc. if known. If the age is unknown, and not suspected to have occurred before age 2, mark “Unknown/Data not available.”

8E. **ETIOLOGY** (specifically the biological parents’ hearing status):

Note that this question asks about the biological parents’ hearing status. If the student is adopted, and both parents’ hearing status is unknown, mark the “Unknown, student is adopted” box and skip to 8F.

9. **AUDIOLOGICAL** Report UNAIDED thresholds measured by earphone. If unaided earphone results are not available, record sound field results. Indicate the type of measurement used by marking the appropriate box.

10. **COCHLEAR IMPLANT(S)**

A. If the student has ever received a cochlear implant, mark “Yes” and enter the year the implant was received.

A1. If the student received a second implant, mark “Yes” and enter the year when the second implant was received.

A3. If the student has received an implant, indicate if it is still used for instruction; if it is not used, enter the year, or best estimate of the year, that it was discontinued.
12. **INSTRUCTIONAL SETTING AND EDUCATIONAL SERVICES**  (See the descriptions at the back of the survey form.)
   
   B. Indicate the number of hours per week that the student typically is integrated with hearing students for ACADEMIC classroom instruction. (“Academic” refers to classes such as math, English, social science, etc., NOT classes such as physical education.)
   
   D. Services individual student receives in support of instruction: Mark **ALL SERVICES** the student receives in support of his/her instruction. If any support services received are not listed, write such services in the space provided for “Other” responses. Mark as many responses as apply.

13. **COMMUNICATION**

   A. Indicate the **primary** communication mode used to teach this student.
   
   B. Indicate whether any family members **REGULARLY SIGN** to this student in the home.
   
   C. Indicate the **WRITTEN** and/or **SPOKEN** language(s) regularly used in the student’s home.
   
   D. Indicate the **WRITTEN** and/or **SPOKEN** language(s) regularly used in the student’s school.

14. **ADDITIONAL EDUCATIONALLY RELEVANT CONDITIONS**  (Please see definitions on the back of the survey form.)

    **THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THE SURVEY FORM(S).**
    IF YOU HAVE ANY COMMENTS, SUGGESTIONS, OR QUESTIONS REGARDING THE FORM OR THE SURVEY, PLEASE WRITE OR CALL US AT:

    **Gallaudet Research Institute**
    **800 Florida Ave, NE**
    **Washington, DC 20002**
    **202-651-5575**
    **1-800-451-8834 ext. 5575 (v/tty)**