

Early Childhood Program Director Questionnaire

A. Which of the following best describes the agency or organization that operates your program? (check only one)

- Public agency related to education (e.g., school district, county office of education, etc.)
- Public agency – Other (health services, developmental disability services, etc)
- Private nonprofit organization
- Private for profit organization
- Other (Specify: _____)

B. Your program is:

- A single site
- Part of a larger agency that provides early childhood programs in more than one site
- Part of a multiservice agency that provides services in addition to early childhood programs
- Other (Specify: _____)

C. Does your program currently receive federal funds?

- No
- Yes (Please explain: _____)

D. Which of the following best describes the community in which your program is located? (Check only one.)

- Rural community
- Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- Medium-sized city (50,000 to 99,999 people)
- Large city (100,000 to 499,999 people)
- Very large city (500,000 +)
- Suburb
- Military base or station
- Indian reservation

F. Indicate which programs/classrooms for children ages 3 through 5 are offered by your school, agency, or organization: [Check all that apply.]

- Center-based preschool program primarily serving hearing children
- Center-based child care program primarily serving hearing children
- Center-based preschool program primarily serving children who are deaf or hard of hearing
- Center-based child care program primarily serving children who are deaf or hard of hearing
- Home-based program serving children who are deaf or hard of hearing
- Clinic services provider (e.g., occupational therapy, speech and language, etc.)
- Other (Specify: _____)

EDUCATION/COMMUNICATION BELIEFS (PHILOSOPHIES)

- A. The following are statements commonly associated with various educational/communication philosophies. Indicate your level of disagreement or agreement with each statement.

| | Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
|---|----------------------|----------|---------------|-------|-------------------|
| 1. Labeling young children with a specific disability is inappropriate before the age of six years. | 1 | 2 | 3 | 4 | 5 |
| 2. Learning two languages would be too great a challenge for young deaf or hard of hearing children. | 1 | 2 | 3 | 4 | 5 |
| 3. Talking and using ASL at the same time provides children access to both a visual and an auditory language. | 1 | 2 | 3 | 4 | 5 |
| 4. Deaf or hard of hearing infants & toddlers should receive early intervention services primarily through training provided to their parents/guardians in natural environments. | 1 | 2 | 3 | 4 | 5 |
| 5. It is positive to have parents of deaf or hard of hearing children meet deaf adults. | 1 | 2 | 3 | 4 | 5 |
| 6. Young deaf or hard of hearing children should be given every opportunity to develop listening and talking initially without the influence of signs. | 1 | 2 | 3 | 4 | 5 |
| 7. If children have early access to sign then they will develop better language skills. | 1 | 2 | 3 | 4 | 5 |
| 8. If children have early access to speech then they will development better language skills. | 1 | 2 | 3 | 4 | 5 |
| 9. If children use hearing aids, then they will learn language regardless of the level of hearing loss. | 1 | 2 | 3 | 4 | 5 |
| 10. ASL is a visual language and when signing ASL one should not speak. | 1 | 2 | 3 | 4 | 5 |
| 11. With amplification (hearing aids or a cochlear implant) and focused early intervention, deaf children will be able to attend regular classes in elementary school without needing an interpreter. | 1 | 2 | 3 | 4 | 5 |
| 12. New technologies (e.g., cochlear implants) are effective in producing normal-like hearing ability in deaf children. | 1 | 2 | 3 | 4 | 5 |
| 13. Sign language interferes with, and hinders, the development of listening and talking; therefore, deaf and hard of hearing children should not sign when young. | 1 | 2 | 3 | 4 | 5 |
| 14. Language can be learned visually; therefore, American Sign Language (ASL) is an appropriate communication approach for young children. | 1 | 2 | 3 | 4 | 5 |
| 15. Families must focus on a child's medical diagnosis and concentrate on therapeutic interventions during the first three years. | 1 | 2 | 3 | 4 | 5 |
| 16. Hearing parents cannot learn ASL; therefore, it is much more effective to help them learn English-based signs. | 1 | 2 | 3 | 4 | 5 |
| 17. Parents must make choices about which communication approach to use with their young child. | 1 | 2 | 3 | 4 | 5 |
| 18. Efforts initially should focus on medical interventions in order to try to reduce the negative effects of hearing loss. | 1 | 2 | 3 | 4 | 5 |
| 19. Most hearing parents do not learn to sign because it is not a priority in their busy lifestyle. | 1 | 2 | 3 | 4 | 5 |
| 20. Deaf or hard of hearing children should enter hearing classrooms as soon as possible in order for them to learn on grade level information along with their hearing peers. | 1 | 2 | 3 | 4 | 5 |
| 21. All deaf or hard of hearing children should be educated in the regular classroom with hearing peers regardless of age. | 1 | 2 | 3 | 4 | 5 |
| 22. Learning in the regular classroom through an interpreter produces higher levels of learning than in a deaf education classroom with a teacher of the deaf. | 1 | 2 | 3 | 4 | 5 |
| 23. ASL, because it is a visual language, can map the brain of young deaf and hard of hearing children thus giving them an advantage for later developing literacy. | 1 | 2 | 3 | 4 | 5 |
| 24. Deaf children's eyes are the most effective sensory pathway for them to learn language naturally. | 1 | 2 | 3 | 4 | 5 |
| 25. Academic content can be best learned through American Sign Language. | 1 | 2 | 3 | 4 | 5 |

| | <u>Strongly Disagree</u> | <u>Disagree</u> | <u>No Opinion</u> | <u>Agree</u> | <u>Strongly Agree</u> |
|--|--------------------------|-----------------|-------------------|--------------|-----------------------|
| 26. Parents and teachers of deaf or hard of hearing children should use a combination of all techniques in order to make sure the child is not limited by one approach. | 1 | 2 | 3 | 4 | 5 |
| 27. Enrollment in a residential school for the deaf should only be selected when all other placements have failed (e.g., hearing preschool, regular kindergarten, public school mainstreamed classrooms, etc.) | 1 | 2 | 3 | 4 | 5 |
| 28. Enrollment in a residential school for the deaf should be selected as early as possible. | 1 | 2 | 3 | 4 | 5 |
| 29. Young deaf and hard of hearing children can learn American Sign Language and fingerspelling as infants. | 1 | 2 | 3 | 4 | 5 |
| 30. Being able to read and write is more important than being able to listen and speak. | 1 | 2 | 3 | 4 | 5 |
| 31. Learning American Sign Language isolates young children from the hearing world. | 1 | 2 | 3 | 4 | 5 |
| 32. Being a member of a community with a unique culture and language enriches one's life. | 1 | 2 | 3 | 4 | 5 |
| 33. Deaf and hard of hearing children's behavior problems come mostly from frustration caused by lack of communication. | 1 | 2 | 3 | 4 | 5 |
| 34. Deaf and hard of hearing children can become fluent in English (reading and writing) if given early access to language when young. | 1 | 2 | 3 | 4 | 5 |
| 35. Special schools for the deaf provide a language-rich educational experience that cannot be replicated in a public school. | 1 | 2 | 3 | 4 | 5 |
| 36. Deaf and hard of hearing children who do not have access to language when young struggle academically throughout their lives. | 1 | 2 | 3 | 4 | 5 |
| 37. A bilingual environment provides full access to language and communication. | 1 | 2 | 3 | 4 | 5 |

B. In your state, which professionals most often provide direct educational services to deaf or hard of hearing infants and toddlers birth – three years of age?

- Speech Pathologist Audiologist Special education teacher Teacher of the deaf

C. Does your program provide home intervention? Yes No

If yes, please list what curriculum you use for home intervention:

D. *Other than home interventions*, check those services your program provides to family members:

- None
- Parent support groups
- American Sign Language classes
- English-based sign classes
- Classes on educational topics (e.g., child development, emergent literacy, behavior management, etc.)
- Guest speaker series
- Connections with the deaf community (e.g., events calendar)
- Extended family learning opportunities (e.g., weekend or week-long residential programs)
- Membership in organizations for parents (e.g., American Society for Deaf Children; Hands and Voices)
- Regularly produced newsletters
- Parent lending library that includes educational materials for check-out
- Childcare during school activities to support family involvement in activities sponsored by your program
- Parent advisory committee
- Translation of school information into languages other than English

E. Please list what curriculum you use in your preschool educational program for deaf or hard of hearing children ages 3 – 5 years:

F. When deaf or hard of children transition from birth – three programs, how would you assess their development upon enrolling in your program?

- Children typically are on track; they are ready to learn. They have acquired a fully-functioning language system (spoken or signed) and have achieved the milestones of normal language development.
- Children typically are delayed, but are still in the acceptable normal range.
- Children typically are slightly delayed, but catch up by kindergarten.
- Children typically are very delayed, and much effort is needed in the area of language remediation.

G. Preschool programs may employ a variety of personnel to work with 3 -5 year olds. Check ALL that correspond to the kinds of preschool personnel who are employed by your program.

- Teacher of the deaf
- ASL specialist/coach
- Speech language pathologist
- Educational audiologist
- Sign language interpreter/s
- Behavior therapist
- Counselors with specialization in working with deaf or hard of hearing children or families
- Family support specialists
- Teacher aides or other early childhood paraprofessional with expertise in deaf education

H. What percentage of the children ages 3 through 5 whom you serve live in low-income households (e.g., receive income assistance or food stamps, free or reduced lunches)?

- Less than 25%
- 25%-50%
- 51%-75%
- More than 75%
- Don't know

I. Do you have an immediate family member who is deaf or hard of hearing (e.g., a spouse, partner, child, parent, or sibling)?

- Yes No

J. Contact Information:

Name: _____

School/Program Name: _____

Address: _____

Phone: () _____ VP: () _____

TTY: (_____)

Email : (please print) _____

Thank you for completing this questionnaire.

Please return to:



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