

TELEPHONE INTERVIEW WITH SERVICE PROVIDERS

INTRODUCTION

Name of Respondent: _____

Name of Organization: _____

- 1. We understand that you provide services to people who are deaf-blind or to their families. Is that correct?

YES..... 1 (ASK A)
 NO..... 2 (TERMINATE INTERVIEW)

- A. What services do you provide?

- 3. Do you provide services as an independent contractor or as a member of an organization?

INDEPENDENT CONTRACTOR..... 1 (GO TO Q7)
 ORGANIZATION..... 2

- 4. Briefly describe your organization's overall mission.

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5. Is your organization for profit or nonprofit?

- FOR PROFIT..... 1
- NONPROFIT..... 2
- OTHER (SPECIFY)_____ 3

6. Approximately how many full-time equivalent staff members (FTE's) does your organization have?

APPROX. NUMBER OF FTE's

7. Have you received formal or informal training or other services from either the Helen Keller National Center in New York, or from one of the regional offices, in the last 4 years?

- YES..... 1
- NO..... 2 (GO TO Q16)

8. Did you receive the training or services from HKNC, from a regional office, or both?

- HKNC..... 1
- REGIONAL OFFICE..... 2
- BOTH..... 3

9. Describe the training or services you received from HKNC and/or from a regional office.

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10. When did you receive this training/these services?

11. Why did you ask HKNC (and/or the regional office) for the training or services?

12. Who provided the training or services?

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13. What were the strong points of the training or services you received?

14. What were the weak points of the training or services you received?

15. IF A MEMBER OF AN ORGANIZATION: Who else at your organization has received training or services from HKNC in the past 4 years?

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16. Have you (or has someone else in your organization) had contact (other than for training or services) with the Helen Keller National Center, or with one of the regional offices, in the last 4 years?

- YES..... 1 (ASK A & B)
- NO..... 2 (GO TO Q18)

A. Please describe the most recent contact.

B. Was the contact . . .

- Very useful,..... 1
- Somewhat useful,..... 2
- Of little use, or..... 3
- Not useful at all?..... 4

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17. Has the training or services you received (or your other contacts with HKNC or a regional office) helped you in serving your clients who are deaf-blind or their family members?

YES..... 1
NO..... 2

Please explain your answer.

PROBE IF RELEVANT: Are you (or staff in your organization) better able to help people who are deaf-blind live independently because of the training, services, or other contacts you've had with HKNC?

PROBE IF RELEVANT: Are you (or staff in your organization) better able to help people who are deaf-blind realize their vocational goals because of the training, services, or other contacts you've had with HKNC?

18. Have you had any difficulties in attempting to obtain training or services from HKNC or from a regional office?

YES..... 1 (ASK A)
NO..... 2

PROBE: Are there training or services that HKNC does not offer that should be, or that used to be offered that are no longer available?

A. Please describe the difficulties.

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19. How many people who are deaf-blind (or their family members) are you or the staff in your organization in contact with each year?

 NUMBER

[DETERMINE IF THE NUMBER IS APPROXIMATE OR EXACT]

20. In your community, do you have access to training or services similar to those that are available from HKNC and/or the regional office?

YES..... 1 (ASK A & B)
NO..... 2

A. Describe the training or services that you can access in your community.

B. How does this training or service in your community compare to what is available from HKNC and/or the regional office?
