***Deaf-Blind Former HKNC Consumer In-Person Interview***

***HKNC E-mail or Letter to Be Sent to Former Consumers***

Dear \_\_\_\_\_\_\_\_\_\_\_ [insert name of Helen Keller National Center Former Consumer]:

Please help us with a study about Helen Keller National Center (HKNC). The Rehabilitation Services Administration (RSA), part of the U.S. Department of Education, is doing a study about HKNC. RSA gives funding to HKNC to provide services to individuals who are deaf-blind. HKNC is working with RSA and an independent contractor, Westat, to conduct the study. We want to make sure that the services offered are working well and were helpful to you. HKNC staff will contact you within the next two weeks to schedule an interview, or you can contact us. You are free to decide if you want to be part of the study. If you choose not to be interviewed, your decision will not affect any services you may be getting now or later in any way.

Westat will interview some people who went to HKNC in New York. The interviews are important to give a complete picture of HKNC and how it helps individuals who are deaf-blind nationwide. Interviews will be held at \_\_\_\_\_\_\_\_\_\_\_\_\_. If you are interviewed, you will receive $65 when the interview is over.

HKNC staff will not be present at your interview. Interpreters will be at the interview. The interview will include Westat staff and you, with interpreters if needed. Information from your interview will not be shared with HKNC. Westat will summarize results from all of the interviews to report to RSA.

HKNC staff will call or email you soon. If you want to come for an interview, please contact Don Duva at HKNC by e-mail at.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or by TTY at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you in advance for your support of this important study.

Sincerely,

Joe McNulty

Executive Director

Helen Keller National Center

In-Person Interview with DEAF-BLIND FORMER HKNC CONSUMERS

**Process Steps for Interviews with Deaf-Blind Former HKNC Consumers**

**(Information for Westat Interviewers and Interpreters. Not part of the interview script.)**

1. When the deaf-blind individual arrives, one or both interpreters greet the individual.

2. The interpreter(s) should establish communication with the individual, and indicate any issues about communicating with the deaf-blind individual to the study team.

3. If any issues arise such as if the individual is non-communicative, the study team will ask the family member, friend, or SSP who drove the individual to the interview if there are any concerns of which the study team should be aware. In extreme circumstances, the family member, friend, or SSP may be allowed to be present during the interview if they are not employed by HKNC or RSA, and if their presence will allow the interviewee to feel more comfortable so the interview may be conducted. They will be asked to participate as observers only, and to observe the same confidentiality procedures as others in the interview room.

4. Thank the individual for coming to the interview. Explain when we will start.

5. In the interview room, introduce those present. Only the interviewee, the interpreter(s), and the study team members (usually 2 members) should be in the interview room. Once the interview is ready to proceed, those in the room will introduce themselves to the interviewee. Remember to say, “This is [your first name] speaking.” See the first bullet below.

6. Ask the individual if they got an email from HKNC or the HKNC regional representative that explained the purpose of the study. Ask if they had a chance to review it. Read the script at the beginning of the interview instrument, and turn on the digital audio recorder.

**Reminders for Communicating With Deaf-Blind Former HKNC Consumers**

* Anytime you say something to the consumer after someone else has spoken, always start by saying, “This is [your first name] speaking.” For example, “This is Cynthia speaking.”
* Always speak directly to the consumer, not to the interpreter.
* If you need to speak to the interpreter, tell the deaf-blind individual that you need to speak to the interpreter. Let the interpreter translate your request.
* Give the interpreter adequate time to complete the signing.

In-Person Interview with Deaf-Blind Former HKNC Consumers

The Rehabilitation Services Administration (RSA) in the U.S. Department of Education has asked you to be part of a study about the Helen Keller National Center (HKNC). RSA gives funding to HKNC to help individuals who are deaf-blind. We want to make sure that the services offered are working well and were helpful to you. We are from Westat, an independent company who is conducting the study. You have been selected because you received services from HKNC in New York. Your opinion about HKNC is s important to the government and HKNC. You are free to decide if you want to be interviewed today. The interview is being recorded with audio recorders. We will use the recording because we value what you have to say and want to make sure it is accurate. The recording will not be shared with RSA or HKNC, and HKNC staff will not be here during the interview. You will receive $65 when the interview is over.

Do you agree to participate in the interview?

Do you have any questions?

May we begin with the interview?

I will now start the audio recorder.

*INTRODUCTION*

**Some questions will ask you for Yes or No answers, some will give you choices, and others will be open-ended.**

**ASK THOSE WHO ATTENDED HKNC TRAINING NEW YORK:**

1. Who first told you about HKNC training New York?

 PROBE: We don’t need names. Was it . . . Family/friend; HKNC regional representative;

 state VR agency; community organization; employer; school; other?

2. After you decided to go to HKNC training New York, was it easy or hard to . . .

 Not Don’t
 Easy Hard applicable know

Get funding to attend HKNC training New York? 1 2 3 4

Travel to HKNC training New York? 1 2 3 4

Be away from your family? 1 2 3 4

Leave a job (If you had a job)? 1 2 3 4

3. Why did you attend HKNC training New York instead of other classes or training in your community?

4. What did you want to learn from HKNC training New York?

 PROBE: Did you want to learn how to live more independently? Did you want to learn skills for a job, or help finding a job?

5. I am going to name some classes or services at HKNC training New York.

 Did you (take classes), or (receive services) at HKNC training New York in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ?

 OR

 We were told you took classes or received services at HKNC training New York in . . .

 **FOR EVERY DEPARTMENT IN WHICH THE INDIVIDUAL PARTICIPATED, ASK:**

 **Did the classes or services help you?**

 **How could the classes or services be more useful to you?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DEPARTMENT | RECEIVE? | HELP? | NOTAPPLI-CABLE | MORE USEFUL? |
| YES | NO | YES | NO |
| Independent living (cooking, doing laundry, or living in an apartment) | 1 | 2 | 1 | 2 | 3 |  |
| Vocational services (job skills including writing a resume, community work experience, filling out an application, and finding a job) | 1 | 2 | 1 | 2 | 3 |  |
| Orientation and mobility (using cards to communicate, taking public transportation, using a cane) | 1 | 2 | 1 | 2 | 3 |  |
| Communications Learning Center (Braille, sign language, written communication) | 1 | 2 | 1 | 2 | 3 |  |
| Audiology (hearing aids, hearing tests) | 1 | 2 | 1 | 2 | 3 |  |
| Adaptive technology | 1 | 2 | 1 | 2 | 3 |  |
| Creative Arts | 1 | 2 | 1 | 2 | 3 |  |
| Counseling | 1 | 2 | 1 | 2 | 3 |  |
| FOR THOSE WITH LOW VISION, ASK: Low vision | 1 | 2 | 1 | 2 | 3 |  |

6. With regard to other HKNC training New York programs, services, or activities – were you satisfied or not satisfied (or did this program, service, or activity not apply to you)?

A. Experiences in the residence hall or dorm

SATISFIED 1

NOT SATISFIED 2

NOT APPLICABLE 3

 Please explain.

B. Evening and weekend activities

SATISFIED 1

NOT SATISFIED 2

NOT APPLICABLE 3

 Please explain.

C. Support groups (Usher syndrome, Young adult, Men’s, or Women’s)

SATISFIED 1

NOT SATISFIED 2

NOT APPLICABLE 3

 Please explain.

D. Medical services

SATISFIED 1

NOT SATISFIED 2

NOT APPLICABLE 3

 Please explain.

7. Did the classes and services you received at HKNC training New York help you become more independent?

YES 1 (ASK A)

NO 2 (ASK B)

A. In what ways did you become more independent?

 PROBE: Prepare meals, access public transportation, change your residence, living arrangements, or have an apartment.

B. Why didn’t the classes or services help you to become more independent?

8. Did the classes or services you received at HKNC training New York help you to learn skills for

 a job, or find a job? (CHECK ALL THAT APPLY.)

LEARN SKILLS FOR A JOB 1

FIND A JOB 2

RECEIVED NO HELP WITH A JOB 3

 Please explain.

**IF OTHER GOALS:**

9. Did the classes or services at HKNC training New York help you in any other way?

YES 1

NO 2

 Please explain.

10. Right now, do you have a job?

YES 1 (ASK A)

NO 2 (ASK B)

A. Tell me about your job. PROBE: Have you had more than one job since you came back from HKNC Training New York? Tell me about the work you have done.

B. PROBE: If no job, what are you doing? Have you had a job since you came back from HKNC Training New York? Tell me about the work you have done.

11. Did you attend HKNC training New York because . . .

 A. There are no programs for deaf-blind persons in your community or state.

YES 1

NO 2

B. You thought the classes or services at HKNC training New York would be better than the classes or services available in your community or state?

YES 1

NO 2

 Why? Please explain

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. There were problems with attending classes or services in your community or state (too difficult to get to, had waiting lists, were not offered often enough to meet needs) ?

YES 1

NO 2

 Please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How could HKNC training New York be improved to better meet your needs?

 Please explain.

13. After you returned from HKNC training New York, have you had any contact with the regional representative (NAME OF REP)?

YES 1 (ASK A-C)

NO 2

A. Why were you in contact with (NAME OF REP)?

 PROBE: To provide/obtain services; SSP services; for assistance in finding a job;

 or other.

B. What was the result of the contact between you and (NAME OF REP)?

 PROBE: Did or didn’t get service; did or didn’t find potential employer and/or job; or other

1. Are you satisfied or not satisfied with your contacts with (NAME OF REP)?

 Please explain.

Our interview is concluded. Thank you for your time today.