

EMAIL SURVEY FOR VR AGENCIES

VR Agency: _____

Name: _____

Title: _____

Number of Years at Agency: _____

Phone: _____

Email: _____

Date Completed: _____

1. Are you the staff person at your VR agency who is most familiar with the needs of consumers who are deaf-blind, and with services at the Helen Keller National Center (HKNC)?

- Yes (Answer A)
- No (Answer B)

A. How long (in years) have you been familiar with the needs of consumers who are deaf-blind?

_____ Years

B. What is the name and email address of the person at your VR agency who is most familiar with deaf-blind consumers and with HKNC?

Name: _____

Email: _____

2. Are you familiar with . . .

	<u>YES</u>	<u>NO</u>
HKNC services in New York?.....	<input type="checkbox"/>	<input type="checkbox"/>
At least one HKNC regional office/regional representative?	<input type="checkbox"/>	<input type="checkbox"/>

3. Of the consumers who are deaf-blind and seeking VR services and/or independent living services in your state, does your VR agency serve . . . All, Most, Some, Few, or None of them?

- All
- Most
- Some
- Few
- None

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4. In the last 8 years (2000-2008), how many consumers did your agency refer to the HKNC regional office/regional representative for. . .

	<u>Number</u>
a.....Information and referral	_____
b.....Assessment and evaluation	_____
c.....Mobility training	_____
d.....Training for employment	_____
e.....Training for independent living	_____
f.....Use of adaptive technology	_____
g.....Transition services	_____

5. In the past 8 years (2000-2008), has your agency recommended consumers through the HKNC regional representative/regional office for training or services at HKNC in New York?

- Yes
- No (Go to Q7)

A. How many were recommended?

B. How many actually attended?

6. Of those referred by your agency and who attended HKNC in New York in the last 8 years (FYs), how many:

	<u>Number</u>	<u>Don't know</u>
a.Were able to live more independently after attending HKNC? _____..... <input type="checkbox"/>		
<input type="checkbox"/> b..Were able to obtain first-time jobs, or better jobs?	_____	
<input type="checkbox"/> c.....Noticeably improved their social skills?	_____	

7. Does your agency receive referrals from HKNC Headquarters in New York? [NOTE: QUESTION 8 ADDRESSES REFERRALS FROM THE HKNC REGIONAL OFFICES].

- Yes (Answer A)
- No

A. How many consumers in the last 8 years (2000-2008) were referred to your agency from HKNC in New York?

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8. Does your agency receive referrals from an HKNC regional office?

- Yes (Answer A)
- No

A. How many consumers in the past 8 years (2000-2008) were referred to your agency from an HKNC regional office?

9. In your state, do consumers have access to formal or informal training or services similar to those offered either by HKNC in New York or by the HKNC regional office?

- YES
- NO

A. Is each service listed below available in your state – statewide, only in some areas, or not at all available?

	Only in			
	State- wide	some areas	Not at all available	Don't know
Assessment and evaluation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for professionals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about issues related to deaf-blindness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for independent living.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for employment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of adaptive technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing social skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. In your opinion, in general, are the training or services available in your state more effective, just as effective, or not as effective as the services provided by HKNC?

	Not applicable	services more effective	State services as effective	State services not as effective	State Don't know
Assessment and evaluation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for professionals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about issues related to deaf-blindness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for independent living.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for employment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of adaptive technology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing social skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. In the last 8 years (FYs ...), has HKNC in New York or a regional office provided formal or informal training to any staff of your VR agency?

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- YES (Answer A-C)
- NO

A. If Yes, how many staff have received formal or informal training?

B. Were any staff trained in . . .

	<u>YES</u>	<u>NO</u>
Communication techniques?.....	<input type="checkbox"/>	<input type="checkbox"/>
Orientation and mobility topics?.....	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the deaf-blind community?.....	<input type="checkbox"/>	<input type="checkbox"/>
Services for seniors (Confident Living Program) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C. Was this training very useful, somewhat useful, or not useful?

	<u>Not applicable</u>	<u>Very useful</u>	<u>Somewhat useful</u>	<u>Not useful</u>	<u>Don't know</u>
Communication techniques?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation and mobility topics?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the deaf-blind community?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for seniors (Confident Living) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How helpful is the HKNC regional representative to the staff in your VR agency in . . .

	<u>Very helpful</u>	<u>Somewhat helpful</u>	<u>Not helpful</u>
Coordinating services for deaf-blind consumers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing the needs of individual deaf-blind consumers?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your opinion, how can existing HKNC programs or services be improved? If yes, please explain. If no, with which HKNC services is your agency especially satisfied, and why?

13. Are there additional programs or services HKNC should offer to meet the needs of deaf-blind consumers or your VR agency? Please explain.

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14. How could the programs or services your VR agency now provides to deaf-blind clients be improved?

15. Is there a program or combination of programs in your state that can substitute fully or partially for the programs at HKNC in New York?

- Yes (Answer A)
- No

A. Name of the program(s) or services offered, and the sponsoring organization. If possible, please compare the program and services to HKNC New York.

16. Please describe the process and criteria by which an individual's sensory or communicative impairment is recorded in your record keeping systems, focusing specifically on deaf-blindness. Are there state or local policies or regulations that can provide guidance to VR agency counselors in classifying the sensory or communicative impairment of deaf-blind individuals? Are there circumstances where an individual who might be classified as deaf-blind might be alternatively classified as deaf, blind, or using another sensory or communicative impairment for a primary or secondary disability? Do you believe that this classification differs from counselor to counselor in your agency, or is the classification fairly consistent? Please explain.

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