

Appendix A.

**State Deaf-Blind Project
Grantee Questionnaire**

OPENING SCREEN

OSEP State Deaf-Blind Projects: Phase II of the IDEA National Evaluation of the Technical Assistance & Dissemination Program:

Thank you for logging on to complete the State Deaf-Blind Project survey.

This survey is being conducted by Westat as part of the National Evaluation of the Technical Assistance and Dissemination (TA&D) Program. We are gathering the same information from all State Deaf-Blind Projects in order to describe the activities of the project, who you serve and how you identify children and youth for services, your work in different initiatives, and collaboration both with other state projects and with other agencies and organizations. Your responses will help improve opportunities to receive support for those who work with children and youth with deafblindness.

All information gathered for this study will be kept confidential and will be used only for research purposes. The information collected for this study will be used only for statistical purposes and may not be disclosed or used, in identifiable form, for any other purpose except as required by law (Public Law 107-279, Section 183).

We estimate that this survey will take approximately 45 minutes to complete.
You can start and stop at any time and your information will be saved.

As you respond to questions, please keep the following in mind:

- By **targeted technical assistance**, we mean individualized assistance that was either
 - (a) focused on a particular child or children (i.e., child-specific support) or
 - (b) focused on a particular staff member or members working with deafblind children *and* that was direct and intensive in nature.
- Please only include technical assistance which was provided either on site or through distance technology.
- Include services provided to individuals of all ages.
- While some activities of your project may have existed prior to the new funding cycle, please focus on the time period of October 2013 through now in responding to general questions about your project.

If you are uncertain how to answer any particular question, at any time, feel free to contact the project at TADeVal@westat.com or toll-free at 1-800-XXX-XXXX and the survey specialist assigned to your state will get back to you right away.

Thank you for making this evaluation a success!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this voluntary collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-XXXX. The time required to complete this information collection is estimated to average 45 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Meredith Bachman, U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Suite 500J, Washington, D.C. 20208, or email Meredith.Bachman@ed.gov.

Frequently Asked Questions (FAQs)

Navigating the Survey

Navigate through the survey by answering each question and clicking the 'Save and Continue' button. When you click the 'Save and Continue' button, it will save your response and forward you to the next question. You may return to a prior question at any time by clicking on the appropriate question on the Section Guide to the left of the screen. When you reach the final submission page, please review your responses on the completed survey before the data are submitted. You cannot change your responses after the completed survey has been submitted. After submitting the data, you will be directed to the final screen so that you can print a copy of your completed survey for your records.

Navigation Key:

Question 1 = Active Question.

Question 2 = Question has been answered.

Question 3 = Question has not been answered.

Question 4 = Question has been skipped based on a previous response.

PLEASE NOTE:

- The 'back' arrow on your browser has been disabled. Use the 'Save & Continue' button and the question guide to move through the survey.
- Your session will time out after 30 minutes of inactivity and you will be returned to the login screen.

Do I have to complete the survey all at one time? No. You can sign in and out of the website as many times as needed to complete the survey. However, if you need to stop before finishing the survey, please be sure to click on the 'Save & Continue' button before signing out so that your responses(s) on that page will be saved. Once you have finished and submitted your survey, you will no longer have access to it.

Can I skip a question? Yes, you may skip any question in the survey that you cannot or do not wish to answer. To skip a question, leave the question blank and then click the 'Save & Continue' button to proceed.

Can I go back to a question that I have already answered or skipped? Yes. You may return to any answered or skipped question by clicking on the appropriate question on the question guide found on the left side of the screen. If you wish to change your response, be sure to click the 'Save & Continue' button after you make any changes.

Can I print individual questions? Yes. You may print an individual page at any time by using your computer's usual method of printing (e.g., using the Command-P or Ctrl-P key combination).

Do I have to answer all the questions? You will automatically be skipped past some questions that do not apply to your situation, depending upon your answer to an earlier question. Please try to answer all questions that are relevant for your project.

Can I have a colleague complete some of the questions instead of me? Yes. Certain questions may require the help of others. You may either share your login and password with these individuals, which will give them full access to the survey, or you can print off specific questions and fill in the responses yourself at a later time.

Can I print a copy of the questionnaire when I am finished? Yes. Once you have completed the survey, you will have the option to print a copy of your responses before submitting it to Westat. This will allow you to review all your answers and make any necessary changes. You will also be able to print a copy for your records after submitting it electronically to Westat.

Can I obtain a paper version of the questionnaire? Yes. If you would like to see a paper version for reference purposes, you can download a PDF version by clicking the link at the top of the page that says 'Download PDF.'

Is the system secure? System security is ensured through the following steps: 1) Login and password validation for entry into the system, 2) The use of Secure Socket Layers (SSL) for encryption of data packets, and 3) Data storage in a Data Zone that is not accessible through the Westat Firewall system.

Who should I contact if I have a question? The Westat project team can be reached at TADeval@westat.com or by phone at 1-888-xxx-xxxx. When sending emails, in addition to the question, please be sure to include your name and a phone number where you can be reached.

Project Structure and Model of TA

1. Which of the following best describes the administrative location of your state project? Select one.

- Housed in the SEA
- Housed in a university
- Housed in a private agency or center
- Housed in a state school for the deaf and/or blind

Other:

2. Which best describes the way in which your project provides targeted TA in schools and homes? Select one.

- Our project does not provide targeted TA in homes or schools
- Targeted TA is delivered primarily by project staff
- Targeted TA is delivered primarily by individuals who are not project staff (e.g., regional teams not funded by the project)
- Child-specific TA is delivered equally by project and non-project staff

Other:

3. Check whether your project receives any of the following in-kind support and whether it comes from a) your project's fiscal agent or home agency, b) from your SEA (if it is not your fiscal agent or home agency), or c) from other entities, such as community partners. Check all that apply.

- If this support varies from year to year, think about the first year of your project.
- Include only support that comes to your project, or passes through your project (e.g., if your state supports parents to attend trainings but provides these stipends to parents directly, do not include them below, but if your state sponsors families and provides this money to the project to distribute, it should be included.)

	From your project's fiscal agent or home agency	From the SEA, if SEA is not your project's fiscal agent or home agency	From another entity	Not applicable
a. FTEs for program-related staff (e.g., Project directors, TA team members, family specialists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. FTEs for administrative and clerical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. FTEs for consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Infrastructure (e.g., computer equipment, office space, photocopying, telephone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional development for project staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (specify): [Q3htxt]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Count Data

4. Based on the data you submitted to NCDB for the Child Count in May 2014, please indicate how many children and youth with deafblindness your state had in each of these categories:

Age birth-2	
3-5	
6-11	
12-17	
18-21	
Over 21	

5. Since October 2013, how many children and youth have received child-specific TA, either in person or through distance technology, from your project?

Age birth-2	
3-5	
6-11	
12-17	
18-21	
Over 21	

TA Recipients

6. Below is a list of possible individuals who may be served by your Project. Please check all to whom you have provided targeted TA since October 2013. Note that your response to this question is not expected to include TA or dissemination products that might be accessed without your knowledge.

Families/Caregivers

- Parents/guardians
- Siblings
- Extended family members (e.g., grandparents)
- Non-familial caregivers (e.g., day care or after school providers)

School/Campus level

- School/campus administrators
- Special education teachers
- General education teachers
- Related service providers (e.g., PT, OT, SLP, nurses, social workers, interpreters)
- Paraprofessionals/Paraeducators and support service providers (excluding trained Interveners)
- Interveners
- Peers of students

District/county/regional level

- District Special Education Directors and other administrators
- Itinerant vision and hearing staff and/or audiologist employed by and working at the district level
- Local early intervention service providers
- Administrators of local Part C programs
- County Service Agencies
- Staff of state early intervention/Part C lead agencies
- Regional consultants

State level and others

- State Department of Education (SEA) Part B personnel
- State Part C lead agency personnel
- Agencies/organizations serving children or youth who are deafblind (includes parent organizations)
- Private day care providers
- Hospitals or pediatric medical day cares
- University administrators, faculty, and students
- Researchers
- Other:

7. Looking at *all* the customers you checked, which are the three customers that have received your greatest time and financial resources for targeted TA since October 2013? [Respondent will only see the items checked from the question above]

Families/Caregivers

- Parents/guardians
- Siblings
- Extended family members (e.g., grandparents)
- Non-familial caregivers (e.g., day care or after school providers)

School/Campus level

- School/campus administrators
- Special education teachers
- General education teachers
- Related service providers (e.g., PT, OT, SLP, nurses, social workers, interpreters)
- Paraprofessionals/Paraeducators and support service providers (excluding trained Interveners)
- Interveners
- Peers of students

District/county/regional level

- District Special Education Directors and other administrators
- Itinerant vision and hearing staff and/or audiologist employed by and working at the district level
- Local early intervention service providers
- Administrators of local Part C programs
- County Service Agencies
- Staff of state early intervention/Part C lead agencies
- Regional consultants

State level and others

- State Department of Education (SEA) Part B personnel
- State Part C lead agency personnel
- Agencies/organizations serving children or youth who are deafblind (includes parent organizations)
- Private day care providers
- Hospitals or pediatric medical day cares
- University administrators, faculty, and students
- Researchers
- Other:

8. For children and youth age 6-21 only, how are children and youth referred to your project for *child-specific TA*? For each of these options, please indicate the approximate percentage of all referrals that are generated this way. You do not need to consult your records; please just provide an estimate.

	Approximate Percentage
a. Parents contact us directly	%
b. School/campus administrators or providers contact us	%
c. District/county/regional staff contact us	%
d. We initiate contact based on identification through Child Count	%
e. Other (Specify)	%
Total	100%

9. For many reasons, children and youth identified with deafblindness may not receive technical assistance from state projects. For your project, please indicate how true each of these reasons is in explaining why a child or youth may not receive child-specific TA.

	Not at all true	Occasionally true	Often true	Very often true
a. Service providers and parents are not aware of or do not understand project services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Staff at the school or district feel that the staff do not need assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Parents are not interested in the child or youth receiving services from our project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. We cannot initiate contact with a student; we must wait until contact is initiated with us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Following a referral, the district failed to participate in the TA process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There are geographical barriers in reaching the child/youth in his home or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The finite resources of our project restrict the number of children/youths who are served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TA Activities

10. Please check all products or services that your project provides.

Product Development and Dissemination

- Information on our website or Facebook page
- Product development
- Listservs or e-lists
- Email or telephone consultation
- Dissemination of CD/DVDs
- Online training modules
- Newsletters

Technical Assistance and Training

- Child-specific TA in the home
- Child-specific TA in school settings
- Child-specific TA through distance technology
- Staff-specific intensive TA, e.g., designed to meet staff needs and build capacity but *not* child specific
- Statewide or regional training (e.g., inservice, workshops, workgroups, seminars, symposia, institutes, forums)
- Training via web-conferencing, webinars
- Family leadership or family-focused training
- Family support
- Assistance in connecting families with one another
- Participate on task forces and advisory boards

11. From among the services and activities your project provides, check those for which demand exceeds your resources. [Respondent will only see the items checked from the question above]

Product Development and Dissemination

- Demand does not exceed resources for any of our Product Development or Dissemination activities.

- Information on our website or Facebook page
- Product development
- Listservs or e-lists
- Email or telephone consultation
- Dissemination of CD/DVDs
- Online training modules
- Newsletters

Technical Assistance and Training

- Demand does not exceed resources for any of our Technical Assistance or Training activities.

- Child-specific TA in the home
- Child-specific TA in school settings
- Child-specific TA through distance technology
- Staff-specific intensive TA, e.g., designed to meet staff needs and build capacity but *not* child specific
- Statewide or regional training (e.g., inservice, workshops, workgroups, seminars, symposia, institutes, forums)
- Training via web-conferencing, webinars
- Family leadership or family-focused training
- Family support
- Assistance in connecting families with one another
- Participate on task forces and advisory boards

12. Among all the activities and initiatives that your project undertakes, please briefly describe the two that reflect work you view as “signature” activities of your project.

[open-ended]

13. Since October 2013, what has been the greatest challenge your project has experienced in providing services to children, youth and families?

[open-ended]

National Initiatives

Items 14 - 18 ask about work you may have done related to the national initiatives of Intervener Services, Early Identification and Referral, Technology Solutions, Family Engagement, and Literacy.

14. In the area of Intervener Services, are any of the following activities part of your project? For each row, select one option.

	Have worked on this since October 2013	Have not worked on this yet, but plan to do so by completion of project	Not part of our project
a. Disseminate information intended to increase recognition/understanding of intervener services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Provide intervener training/professional development to interveners or people interested in becoming interveners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Provide training/professional development about intervener services to administrators and educational team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Develop intervener learning modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Participate in a credentialing process at the state level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Develop other products related to intervener services (e.g., definition, IEP guidelines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Present webinars on intervener services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Pilot an intervener model in selected districts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

15. In the area of Early Identification and Referral, are any of the following activities part of your project? For each row, select one option.

	Have worked on this since October 2013	Have not worked on this yet, but plan to do so by completion of project	Not part of our project
a. Develop or modify products/training on early identification and referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Conduct outreach to Part C staff, medical professionals, or other service providers to increase knowledge about early identification and referral (e.g., conference presentations, dissemination of project information through website or other means)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Provide training on early identification and referral to early intervention providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Provide in-person mentoring/coaching for early intervention providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Accompany and support families during initial visits and assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Maintain a community of practice on early identification and referral (e.g., share materials, group problem solving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

16. In the area of Technology Solutions, are any of the following activities part of your project? For each row, select one option.

	Have worked on this since October 2013	Have not worked on this yet, but plan to do so by completion of project	Not part of our project
a. Implement distance mentorship activities with teams in my state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Maintain a listserv for families and/or service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Distribute assistive technology equipment to families and/or service providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Make use of web-based training tools including webinars, video conferencing, and video streaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Offer or link to training or informational videos on the project's website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Use video to record and playback sessions with children with deafblindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

17. In the area of Family Engagement, are any of the following activities part of your project? For each row, select one option.

	Have worked on this since October 2013	Have not worked on this yet, but plan to do so by completion of project	Not part of our project
a. Promote or establish a network for parents of children with deafblindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Conduct a needs assessment with families in our state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Disseminate information on evidenced-based practices and resources on deafblindness to families, PTIs and other family organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Conduct training, coaching or mentoring to parents through in-person training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Conduct training, coaching or mentoring to parents through web-based techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Promote or establish collaborative partnerships between our project and the state parent center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

18. In the area of Literacy, are any of the following activities part of your project? For each row, select one option.

	Have worked on this since October 2013	Have not worked on this yet, but plan to do so by completion of project	Not part of our project
a. Work with the SEA to incorporate literacy into the Common Core Standards for all children, including those with deafblindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Develop products related to literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Provide training on literacy instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Disseminate evidence-based practices for literacy instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Offer assistive technologies for literacy instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Develop a model of literacy instruction for children with deafblindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

TA in the Area of Systems Capacity Building

19. Please check whether, during your current grant cycle, you have worked or plan to work with your SEA in any of the following areas:

Development or refinement of state policies or practices related to...	We have worked with the SEA in this area since October 2013	We have not yet worked with the SEA in this area, but we <i>plan to</i> over the course of the project	We have not worked with the SEA in this area and we <i>do not plan to</i> over the course of the project
a. State definition of deafblind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Increasing identification of children with deafblindness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Reporting related to Child Count	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Incorporating the expanded core curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Intervener policies and practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Teachers of deafblind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Early screening policies and practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Transition planning policies and practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Specify other if selected]

20. Does anyone from your project participate on a state task force or advisory committee related to deafblindness?

- Yes
- No

Content of TA

21. Below is a list of content areas that State Deaf-Blind Projects may cover with their technical assistance and dissemination activities. Please check all areas for which you offer any type of technical assistance as it relates to deafblindness. To see what sub-topics might be covered through these areas, you can roll your cursor over the topic name. *[Rollover only possible in web-version; See list at end of document]*

Adaptive living/Self-care skills	<input type="checkbox"/>
Assessment	<input type="checkbox"/>
Assistive technology	<input type="checkbox"/>
Behavioral issues and behavioral management	<input type="checkbox"/>
Cochlear implants	<input type="checkbox"/>
Collaboration among providers	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Community and independent living	<input type="checkbox"/>
Curriculum (What to teach)	<input type="checkbox"/>
Deafblindness overview	<input type="checkbox"/>
Etiology	<input type="checkbox"/>
IEP/IFSP development and implementation	<input type="checkbox"/>
Inclusion	<input type="checkbox"/>
Intervener roles and competencies	<input type="checkbox"/>
Instructional strategies (How to teach)	<input type="checkbox"/>
Orientation and Mobility (O&M)	<input type="checkbox"/>
Parent/family support	<input type="checkbox"/>
Socialization, leisure and recreation	<input type="checkbox"/>
State and local policies	<input type="checkbox"/>
Teachers' roles, credentialing and competencies	<input type="checkbox"/>
Transition (early childhood)	<input type="checkbox"/>
Transition (secondary)	<input type="checkbox"/>
Visual and tactile accommodations to sign language	<input type="checkbox"/>

22. From among the areas you checked in the previous question, what are the five topic areas for which your project receives the greatest demand for TA? Check only five. [Respondent will only see the areas checked in previous question]

Adaptive living/Self-care skills	<input type="checkbox"/>
Assessment	<input type="checkbox"/>
Assistive technology	<input type="checkbox"/>
Behavioral issues and behavioral management	<input type="checkbox"/>
Cochlear implants	<input type="checkbox"/>
Collaboration among providers	<input type="checkbox"/>
Communication	<input type="checkbox"/>
Community and independent living	<input type="checkbox"/>
Curriculum (What to teach)	<input type="checkbox"/>
Deafblindness overview	<input type="checkbox"/>
Etiology	<input type="checkbox"/>
IEP/IFSP development and implementation	<input type="checkbox"/>
Inclusion	<input type="checkbox"/>
Intervener roles and competencies	<input type="checkbox"/>
Instructional strategies (How to teach)	<input type="checkbox"/>
Orientation and Mobility (O&M)	<input type="checkbox"/>
Parent/family support	<input type="checkbox"/>
Socialization, leisure and recreation	<input type="checkbox"/>
State and local policies	<input type="checkbox"/>
Teachers' roles, credentialing and competencies	<input type="checkbox"/>
Transition (early childhood)	<input type="checkbox"/>
Transition (secondary)	<input type="checkbox"/>
Visual and tactile accommodations to sign language	<input type="checkbox"/>

Collaboration

We are looking at two types of collaboration: 1) How projects assist one another, and 2) How projects collaborate within and outside their state with entities *other* than state projects.

The matrix that appears on the next screen lists all the State Deaf-blind Projects funded in October 2013. To complete the matrix, you will indicate which other state projects you and your staff work with or use for various purposes. Please consult staff from your project if their input is needed to complete the matrix accurately.

The columns in the matrix are not intended to represent a hierarchy, nor are the columns mutually exclusive. Instead, they simply represent some of the types of interactions that occur in a network of TA providers. Please check **all** appropriate boxes in each row, leaving blank the row for your own state or for any state with which you have had no significant interaction. Specifically, please check the appropriate boxes in the matrix if staff from your project worked with or used another state project to do any of the following since October 2013:

1. Obtained information, materials, or services, *excluding* training

Examples:

- Your staff downloaded information or materials from the website of another state project on assisting parents with IEPs, and used them (or adapted them for use) in your state.
- You requested and received an example of a needs assessment form that was used in another state.

2. Received training (in-person or using technology) from another state project

Examples:

- Your staff received an inservice training on the use of the distance mentorship model being used in another state
- Staff from your state participated in a webinar by a well-known expert that was hosted and paid for by another state project.
- Your state used an online training module in early identification developed by another project

3. Created or provided a product, program, or service that required joint planning, shared decision making, or pooling of monetary or staff resources

Examples:

- Your state worked with another state to provide intervener training to providers in both states.
- Your state worked with another state to create a joint website to disseminate information.
- Your state and five other states identified notable speakers and arranged for conferences in several of the states as a “speaker circuit.”

23. Please check all appropriate boxes if, since the start of your grant in October 2013, staff from your project have worked with or used the State Deaf-Blind project listed on the left to do any of the following activities.

State Deaf-Blind project	Obtained information, materials or services (excluding training)	Received training (in-person or using technology) from another state project	Created or provided a product, program, or service that required joint planning, shared decision making, or pooling of monetary or staff resources
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illinois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maryland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Montana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nevada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oregon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Carolina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Dakota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennessee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vermont	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virginia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Virginia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wyoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Is your state project part of any formal group or consortium with other states?

- Yes
- No → Skips to collaboration with other projects (Question 34)

25. [If yes] What is the name of that group? If your project is part of more than one group or consortium with other states, for this and the next three questions, please provide information for one of the groups. Starting with Question 29, you will be able to provide information for one additional group.

26. [If yes] Who are the other members?

27. What is the focus or topic of that group?

28. Is there a Memorandum of Understanding for that group?

- Yes
- No

29. Does your state project belong to any other formal groups or consortiums? Please provide information for one of these other groups or consortiums in the next four questions.

Yes

No → Skips to collaboration with other projects (Question 34)

30. [If yes] What is the name of that group?

31. [If yes] Who are the other members?

32. What is the focus or topic of that group?

33. Is there a Memorandum of Understanding for that group?

Yes

No

34. Since the start of your current project (or based on your plans), have you collaborated with any of the following? By “collaborated” we mean worked together on a common activity or goal. For the purpose of this question, receiving information from or providing information without any shared activity or goal does not constitute collaboration.

	<u>Have collaborated</u> with since October 2013	Have not yet collaborated, but <u>plan to work with</u> over the course of the project	Have not collaborated and <u>do not plan</u> <u>to work with</u> over the course of the project
a. NCDB – National Center on Deaf-Blindness	0	0	0
b. Helen Keller National Center	0	0	0
c. Perkins School for the Blind	0	0	0
d. National family/parent organizations related to deafblindness (such as NFADB or CHARGE Syndrome foundation)	0	0	0
e. National Parent Technical Assistance Center (NPTAC)	0	0	0
f. Associations or organizations serving professionals	0	0	0
g. Your regional Parent Technical Assistance Center	0	0	0
h. Your state Parent Training and Information center (PTI) or Community Parent Resource Center	0	0	0
i. Your state Department of Education, Special Education Section	0	0	0
j. Your state Early Hearing Detection and Intervention Program (EHDI)	0	0	0
k. Your state Department of Health and Welfare, Infant Toddler Program (Part C)	0	0	0
l. State family/parent organizations (other than the federally funded PTI)	0	0	0
m. A school or private institute for children who are deaf, blind or deafblind in your state	0	0	0
n. University programs, including personnel preparation or leadership projects	0	0	0
o. Other:	0	0	0

[Specify other if selected]

Instructions for Submitting Survey

You have completed the survey, but your data have not yet been submitted. By clicking the 'Submit' button, your data will be submitted. Once you have submitted your data, you will no longer be able to change your responses so please check your work carefully. Once you click 'Submit,' you will be able to print a completed copy of your survey for your records.

Please click on the 'Submit' button to submit your data now.

Thank You & Contact Information

Thank you for taking the time to respond to these questions. Your input is extremely important and will be used to improve opportunities to receive support for those who work with children and youth with deafblindness.

Please take a minute to indicate who completed the survey, so we can follow up as needed. List the people involved in completing the survey. If there was more than one person, please indicate the person who had the greatest role in answering questions.

When you click Save & Continue, you will see any questions that you have left unanswered. You will have the opportunity to answer these questions and then submit your survey.

If you have any questions, please feel free to contact us at TADeval@westat.com or toll-free at 1-800-xxx-xxxx. Thank you again for your time and effort in completing this survey!

First Name	Last Name	Email	Greatest role?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Submit

Return to Survey

FINAL SCREEN

Thank you!

Your survey data have been submitted. We appreciate your taking the time to provide us with this important information.

Please print and keep a copy of this survey for your records using the link provided below.

[Print completed survey](#)

If you have any questions, please contact us at TADeval@westat.com or toll-free at 1-800-xxx-xxxx.

TA Topics

[The information in the second column will be visible when a respondent scrolls over the topic area]

Topic	Areas of TA May Include...
Adaptive living/Self-care skills	Personal care and self-help skills such as toileting, dressing, eating, and cooking
Assessment	Using assessment strategies for program planning for a student; vision, auditory/hearing, cognitive, communication, functional, educational, developmental or other assessment
Assistive technology	Technology to maximize sensory input; learning how to use devices; switches for toys and daily living, computer access; assistive listening devices (hearing aids, FM systems), low vision devices
Behavioral issues and behavioral management	Behavioral issues, behavior management; help in identifying why the child/student engages in problem behaviors; functional behavioral analysis and positive behavior support
Cochlear implants	Eligibility questions related to cochlear implants; adapting Auditory Verbal Therapy; maintenance and use of the device
Collaboration among providers	Teaming skills and transdisciplinary teams; collaborative teaming, transdisciplinary teams; conveying effective strategies to new teachers/new settings
Communication	Communication system development (e.g., object use, tactile symbols, Braille, gesture); building relationships with the student; developing and extending conversations
Community and independent living	Strategies to improve community and independent living skills; self-determination
Curriculum (What to teach)	What to teach and target; ideas for teaching meaningful skills for the student's age; teaching skills in the natural environment/setting
Deafblindness overview	Overview of deaf-blindness, vision and hearing loss, gaining more information about a child's diagnosed condition
Etiology	Usher Syndrome; CHARGE Syndrome; prematurity; impact of etiology on learning and interacting
IEP/IFSP development and implementation	Developing an appropriate IEP/IFSP for a student with combined vision and hearing loss; person-centered

Topic	Areas of TA May Include...
	planning
Inclusion	Appropriate adaptations for inclusive education; accessing general education curriculum; targeting appropriate skills for inclusive education; effective strategies for teaching in inclusive settings
Intervener roles and competencies	(Interveners are people who have specialized training in deafblindness to work consistently and one-to-one with a child who is deafblind). Topics could include the role of the intervener; Council for Exceptional Children competencies for interveners
Instructional strategies (How to teach)	How to use visual cues or auditory cues; hand-under-hand; physical assistance with children/students who have multiple disabilities; documenting child/student progress and modifying instruction accordingly; literacy mode determination (use of Braille, large print, etc.); organizing a daily routine (sequence of activities, transition from one activity to another)
Orientation and Mobility (O&M)	Instruction on helping a student locating himself in his environment and using environmental information; travel and navigation independence for any age
Parent/family support	Connecting parents to other parents; increasing collaboration between family and school personnel; parent advocacy and leadership; sibling issues; wills, trusts and benefits; respite care
Socialization, leisure and recreation	Recreation and leisure skills, social-emotional concerns (relationships with others); friendship facilitation
State and local policies	Alternate assessment; Common Core standards
Teachers' roles, credentialing and competencies	Developing credentialing plans; defining the role of the teacher of deafblind students; keeping teachers up to date; Council for Exceptional Children competencies for teachers of deafblind students; professional activities for continuing ed
Transition (early childhood)	Transition from early intervention to preschool; from preschool program to kindergarten program
Transition (secondary)	Transition from school to adult services, including college, work, rehabilitation, group homes, vocational training/employment
Visual and tactile accommodations to sign language	Assessing the students' need for accommodations; training staff in specific strategies (tactile, signing, coactive signing)