2015 National Transition Follow-up Study of Youth identified as Deaf-Blind

Research Subject Informed Consent Form

You are being asked to be a volunteer in a research study. Please read this consent form carefully, and ask as many questions as you like before you decide whether you want to participate in this research study. You may also ask question at any time before, during, or after your participation in this research. You are encouraged to take your time in making your decision.

1. Purpose of the Research: This study entitled, the National Transition Follow-Up Study of Youth identified as Deaf-Blind, is a national survey designed for the purpose of identifying the characteristics and experiences of youth with deaf-blindness between the ages of 18-25 who are no longer in school. The survey focuses on parents/guardians who can report the most reliable information. There is currently little to no knowledge on the post-school lives of these young adults and this initiative attempts to gain a representative description that can be used in formulating policies and supporting practices.
2. Exclusion/ Inclusion Criteria: Parents/guardians of youth with deaf-blindness between the ages of 18 and 25 that are no longer in the school system.

3. Research Procedures: You will be volunteering to complete an on-line survey that will take between 20 – 30 minutes. You will be asked to verify that you are the parent or guardian of a youth with deafblindness who is no longer in the K-12 school system. In addition, before entering the actual survey questions, you will be once again reminded that your participation is completely voluntary. Once you indicate that you consent to participate in this survey / research study, you may begin to respond to the survey questions. Upon the completion of the survey, you will again be informed of the study's purpose within a debriefing post-survey announcement, which will provide you with the researcher's contact information for additional questions. Data from the surveys will be maintained within TCNJ's secure server and any printed copies will be kept in the locked office of the Principal Investigator.

4. Potential Risks and Discomforts: The information that is collected from this survey represents fact questions about the youth with deafblindness including characteristics, early causes of sensory

impairment, features of past secondary education and the status of the current post school lives.

5. Potential Benefits of the Research: Taking this survey may enable further initiatives in promoting the factors related to the current lives of the youth involved.

6. Compensation for participation: N/A

7. Alternative procedures or treatments: N/A

8. Provision for Confidentiality: This study is designed to identify only broad categories of demographics. Therefore, there will be no opportunity to breach your confidentiality or the individual youth's privacy. Confidentiality is further protected by the design of the survey program being used which is entitled: Qualtrics. You are not required to submit any personal information. Access to the information will be limited only to the identified researcher through password protection.

9. Research-related Injury: N/A

10. Contacts for additional information: If you have any questions about the study, you may contact the researchers (Drs. Jerry G. Petroff and Nadya Pancsofar) at the address given above. If you have concerns about the research or about your rights as a participant, please contact Dr. Brett BuSha, Chair of The College of New Jersey Institutional Review Board (609-771-2452; busha@tcnj.edu).

11. Voluntary participation and the right to discontinue participation without penalty: Your participation in this study is voluntary. You do not have to be in this study if you do not want to be. You have the right to change your mind and leave the study at any time without giving any reason and without penalty. Any new information that may make you change your mind about being in this study will be given to you. You will be given a copy of this consent form to keep. You do not waive any of your legal rights by signing this consent form.

By choosing **"I have read the terms and agree to participate in the survey,"** You are indicating that you have read the above and consent to participate in the survey. You are under no obligation to participate. You may answer only the questions that you wish to answer.

_____ I have read the terms and agree to participate in the survey.

_____I do not wish to participate in the survey at this time.

This survey is designed to yield information that will describe the **characteristics and early post- school experiences of youth who are deaf-blind** across the country. Although it is recognized that there are many people in the lives of youth who are deaf-blind who can assist

in responding to this survey, the views, opinions and recollections of parents / guardians and other caregivers may be the most reliable sources when considering information across time. Therefore, I am specifically interested in assuring that respondents are members of one of these groups, parents/guardians/caretakers, and/or a facilitating professional (teacher or state deaf-blind project staff member) who is working with a parent/guardian/caregiver or youth to complete this survey.

A youth is defined as a young adult between the ages of 18 – 26 who has left high school.

What is Today's date?

Month

Day

Year

What is the youth's Date of Birth?

Month

Day

Year

In what state do you currently reside?

Which best describes your relationship to the youth with deaf-blindness? (Circle)

- ❍ Parent/Guardian
- ❍ Teacher
- ❍ State Deaf-blind Project Staff
- ❍ Other

How was this survey conducted? (circle)

- ❍ Through the mail
- ❍ Through a face-to-face interview
- ❍ Through a telephone interview
- ❍ Online
- ❍ Other

Section I Characteristics

The following questions relate to the characteristics of the youth with deaf-blindness who

left school. The goal of this section is to gain insight into the diversities of youth with deaf-blindness. Please understand that due to the wide range of differences between individuals, some questions may seem inapplicable to the youth; and PLEASE ANSWER ALL THE QUESTIONS. These characteristics may not provide an exact profile of the youth or capture your specific experience but please answer to the extent possible.

VISION STATUS

Was vision loss present from birth?

- ❍ Yes
- ❍ No
- ❍ Don't know

Is the youth's vision loss progressive?

- ❍ Yes
- ❍ No
- ❍ Don't know

What is the extent of the youth's vision loss?

- ❍ Totally Blind
- ❍ Legally Blind
- ❍ Field Restriction
- ❍ Cortical Vision Impairment
- ❍ Other

Does the youth wear eyeglasses lenses?

- ❍ Yes
- ❍ No

Does the youth wear contact lenses?

- ❍ Yes
- ❍ No

Does the youth use any of the following: (Please check ALL that apply)

- ❍ Magnifying Glass
- ❍ Zoom Text/ Other MagnifyingSoftware Screen Reading Software (e.g. JAWS)

- ❍ Closed Circuit TV (CCTV)
- ❍ Large Print
- ❍ Braille

HEARING STATUS

Was hearing loss present from birth?

- ❍ Yes
- ❍ No
- ❍ Don't Know

Is the hearing loss conductive (a Middle Ear Loss)?

- ❍ Yes
- ❍ No
- ❍ Don't Know

Is the loss sensorineural (an inner ear loss)?

- ❍ Yes
- ❍ No
- ❍ Don't Know

Does the youth have Auditory Neuropathy?

- ❍ Yes
- ❍ No
- ❍ Don't Know

Does the youth wear Hearing Aids?

- ❍ Yes
- ❍ No

Does the youth have a Cochlear Implant?

- ❍ Yes
- ❍ No

At what age was the youth implanted?

- ❍ Less than 1 year
- ❍ 1 - 3 years old
- ❍ 3-5 years old
- ❍ Over 5 years

How many cochlear implants does the youth wear?

- ❍ One ear is Implanted
- ❍ Both ears are implanted

Is the youth currently using the cochlear implant?

- ❍ Yes
- ❍ No

COMMUNICATION

Does the youth currently receive support regarding their cochlear implant? (e.g. speech/language therapy; audiology servicesl)

- ❍ Yes
- ❍ No

How does the youth communicate with others? (Check all that apply)

- ❍ Spoken Language (Speech)
- ❍ Sign Language (Visual)
- ❍ Sign Language (Tactile)
- ❍ Tangible Symbols/Objects
- ❍ Pictures/Line Drawings
- ❍ Electronic Picture/Symbol System
- ❍ Writing
- ❍ Gestures, Vocalizations, and Facial Expressions
- ❍ Braille
- ❍ Challenging Behaviors

- ❍ Deaf-Blind Communicator
- ❍ Other

How do others communicate with the youth? (Check all that apply)

- ❍ Spoken Language (Speech)
- ❍ Sign Language (Visual)
- ❍ Sign Language (Tactile)
- ❍ Tangible Symbols/Objects
- ❍ Pictures/Line Drawings
- ❍ Electronic Picture/Symbol System
- ❍ Writing
- ❍ Gestures, Vocalizations, and Facial Expressions
- ❍ Braille
- ❍ Challenging Behaviors
- ❍ Deaf-Blind Communicator
- ❍ Other

What is the youth's primary method of communication? (Check only one)

- ❍ Spoken Language (Speech)
- ❍ Sign Language (Visual)
- ❍ Sign Language (Tactile)
- ❍ Tangible Symbols/Objects
- ❍ Pictures/Line Drawings
- ❍ Electronic Picture/Symbol System
- ❍ Writing
- ❍ Gestures, Vocalizations and Facial Expressions
- ❍ Braille
- ❍ Challenging Behaviors
- ❍ Deaf-Blind Communicator

- Other

What is the youth's approximate speech vocabulary?

- Under 50 words
- Between 50-150 words
- Over 150 words
- Does not apply

What is the youth's approximate sign language vocabulary?

- Under 50 words
- Between 50-150 words
- Over 150 words
- Does not apply

Which one statement best describes the youth's highest level of reading ability?

- The youth does not read
- Emergent Reader (Understands symbols, e.g. the McDonald's
- Symbol)
- Identifies single words in the environment
- Approximately a 2nd grade level
- Approximately a 4th grade level (can read a newspaper)
- Above a 4th grade level

ACADEMIC AND PROBLEM SOLVING SKILLS

Did the youth have access to the General Education Curriculum (Subjects and Course of Study that is provided in typical classrooms to children without disabilities)

- Yes
- No

Which one statement best describes the youth's general knowledge?

- Youth has **not shown evidence of demonstrating knowledge** beyond possible recognition of familiar people, places and objects.
- Youth **demonstrates an extremely limited range of general knowledge** based in the liberal arts subjects such as social studies, science, and literature. (For example, knowledge is limited to such areas as the days of the week; simple weather terms; and understanding of holidays)
- Youth **demonstrates a limited range of general knowledge** based in the liberal arts subjects such as social studies, science, and literature. (For example, knows the difference between a country, state and city; can make secondary colors from combinations of primary colors – blue and yellow make green)
- Youth **demonstrates a wide range of general knowledge** based in the liberal arts subjects such as social studies, science, and literature. (For example, can explain photosynthesis; understands the nature of government such as democracy)

Which one statement best describes the youth knowledge / skills in math?

- Youth has **not shown any evidence** of knowledge and/or skills in mathematics / numeracy.
- Youth **demonstrates limited knowledge and/or skills** in mathematics (number identification, one to one correspondence)
- Youth **demonstrates basic levels of knowledge and/or skills** in mathematics (eg. money exchange, use of calculator)
- Youth **demonstrates average age-level of knowledge and/or skills** in mathematics (eg. multiplication, division, percentage)
- Youth **demonstrates high levels of knowledge and/or skills** in mathematics (eg. algebra, statistics)

Which one statement best describes the youth's problem-solving and critical thinking skills?

- Demonstrates **significantly below age-level skills** in problem-solving and critical thinking skills (The youth needs assistance in developing and following a schedule; demonstrates inconsistent response to individual needs and preferences; at risk of total dependence on other; demonstrates little to no skills in problem solving)

- Demonstrates **below age-level skills in problem-solving and critical thinking skills** (The youth can follow a very simple schedule with on-going reinforcement; demonstrates basic skills in self determination by making needs and preferences known; can follow simple directions)
- Demonstrates **slightly below age-level skills in problem- solving and critical thinking skills** (The youth will follow a clearly outlined schedule; will seek assistance in solving problems; requires assistance in approaching new task or learning somewhat novel activities. In addition, the youth demonstrates a need for assistance in making practical decisions.)
- Demonstrates **typical age-level skills in problem-solving and critical thinking skills** (The youth can plan his/her own schedule; carry out complex and multiple step directions; identifies alternative methods to figure out how to do something; and demonstrates logical approaches to tasks and challenges; In addition, the youth is an independent learner and yields an understanding of information that s/he would need)

MOBILITY

Within the Home/School & Other Familiar Places, which one statement currently best describes the youth:

- Limited to the bed most of the day (immobile)
- Uses a wheelchair but depends on others to be mobile
- Uses a wheelchair and is independently mobile Requires physical support to walk but does not use a wheelchair.
- Walks independently with the use of a cane and no supervision
- Walks independently without the use of a cane but with supervision
- Walks independently without the use of a cane, supervision or sighted guide

HEALTH

How would you rate the youth's current health?

- Poor
- Fair
- Excellent

Does the youth currently have seizures?

- Uncontrolled
- Somewhat

- Controlled
- Controlled
- None

Does the youth currently require the care of a health provider?

- Does not require a health care provider
- Less than monthly
- Monthly
- Weekly
- Daily
- 24 Immediate Access

Does the youth take medication regularly?

- Yes
- No
- Don't know

Does the youth take medication for mood, anxiety, sleep, or behavior?

- Yes
- No

Does the youth take medication for seizure control?

- Yes
- No

Does the youth take medication for another health related problem?

- Yes
- No

Is the youth hurtful to him/herself?

- Never
- Sometimes
- Frequently

Is the youth hurtful to others?

- Never
- Sometimes
- Frequently

Is the youth destructive to property?

- Never
- Sometimes
- Frequently

Does the youth demonstrate socially offensive behavior?

- Never
- Sometimes
- Frequently

Does the youth demonstrate unusual or repetitive habits?

- Never
- Sometimes
- Frequently

How frequently was the youth involved in a behavior support plan?

- Never
- Rarely
- Sometimes
- Often

Does the youth require or benefit from a sensory diet? (In other words, does providing sensory input (e.g. spinning, swinging, lifting, pushing, touching, pulling, smelling, tasting seeing, listening, etc.) throughout the day help the youth focus and organize?)

- Yes
- No

Section II Past School Experience

The following questions relate to the youths last educational placement. Please answer the

questions to the best of your recollection. It is understood that due to the wide range of differences between educational settings and programs some of these questions may not contain the exact language used within your state and/or local school district. Please try to answer the questions with your best effort and understanding.

What was the reason for the youth's exit from school?

- ❍ Graduated
- ❍ Reached Maximum Age (Aged Out)
- ❍ Dropped Out
- ❍ Other

What type of secondary educational program (high school) did the youth MOST participate in while going to school?

- ❍ College Preparatory
- ❍ General (Regular) Education with Supports
- ❍ Special Education/Self-contained classroom in a regular school
- ❍ Separate school for students with disabilities
- ❍ General vocational education with supports Separate (Special)
- ❍ Vocational Education
- ❍ Other

If the youth was in a vocationally oriented program (while s/he was in high school), the majority of the time was spent in which of the following program types:

- ❍ Competitive Employment (Paid work with minimum support in integrated community environments)
- ❍ Supported Employment (Paid work with ongoing support in integrated community environments)
- ❍ Sheltered Employment (A workshop environment with other people with disability)
- ❍ Classroom Setting (Emphasis on job seeking, work related, pre-vocational skills and/or emphasis on non-employment related skills in the classroom (For example, communication, self-care))
- ❍ Community Based Instruction (Ongoing instruction in the community including non-paid vocational training)
- ❍ None of the above apply

- ❍ Youth was not in a vocational program

In general, how satisfied are you with the job training that youth received in high school?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

In general, how satisfied are you with the basic functional academic skills training (For example, reading, math,money management) that the youth received in high school?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

In general, how satisfied are you with the personal living skills training (For example cooking, cleaning) that the youth received in high school to prepare (him/her) to live independently?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

During the last year in school, what Related Services did your child receive (check all that apply)?

- ❍ Speech and Language Therapy / Services
- ❍ Occupational Therapy
- ❍ Physical Therapy
- ❍ Vision Education Services/ Teacher of the Blind/VI
- ❍ Hearing Education Services/ Teacher of the Deaf Audiological Services
- ❍ Vocational Rehabilitation Services/ Consult
- ❍ Personal Counseling/Therapy
- ❍ Sign Language Interpreter

- Individual One to One
- Aid Intervener
- Personal Care Attendant
- Nursing Services
- Job Coach Services
- Mobility and Orientation Training
- Social Work Services/Support

When did you engage in formal planning with the school regarding the transition of the youth from school to adult life (post-school life)?

- Never Engaged/No formal transition planning occurred
- Less than 6 months prior to leaving school
- 6 months-1 year prior to leaving school
- 2 years prior to leaving school
- More than 2 years prior to leaving school

Did your child have a written transition plan?

- Yes
- No
- I don't know

Was transition planning a component of the IEP?

- Yes
- No
- I don't know

Were you an active participant in the planning process?

- Not at all active
- Slightly active
- Moderately active
- Very active

Did the youth participate in the planning process?

- ❍ Not at all involved
- ❍ Slightly involved
- ❍ Moderately involved
- ❍ Very involved

Were Adult Service Agency Personnel engaged in the planning process (e.g., Vocational Rehabilitation)?

- ❍ Yes
- ❍ No
- ❍ I don't know

If Adult Service Agency Personnel were engaged, who was represented?

What types of things occurred when planning for adult life (Transition Planning Process)? (Check all that apply)

- ❍ Discussion at IEP meetings
- ❍ Additional planning meetings (other than IEP meetings)
- ❍ Person-Centered Planning (e.g., Essential Life Planning, MAPs, PATH)
- ❍ Formal Local/Community Team Task Forces
- ❍ Identification of Student Interests and Preferences
- ❍ Identification of Parent/Family Interests and Preferences
- ❍ Opportunity for youth and/or parent training related to transition issues (e.g. SSI, Independent Living, etc.)

Opportunity for job sampling throughout the school year and summer

- ❍ Opportunity for summer internship and/or job
- ❍ Opportunity for connection to adult service

Section III- Post-School Life

The following questions relate to the youth's current life circumstances. They reflect their present situation and, in some instances, future desires. It is understood that if the youth has recently completed his/her secondary education, in many cases needed services/supports may not be in place. Please try to answer the questions with your best effort.

POST SECONDARY EDUCATION

Does the youth attend or plan to attend in the next several months (check all that apply):

- ❍ Community College (Certificate/Degree Program)
- ❍ Vocational/Technical
- ❍ Post-Secondary School
- ❍ Vocational Rehabilitation Program (e.g. HKNC)
- ❍ Four Year College
- ❍ Adult School (evening)

Does the youth plan to continue his/her higher education in a 4-year institution

- ❍ Yes
- ❍ No
- ❍ Don't Know

Has the youth graduated from college?

- ❍ Yes
- ❍ No

Has the youth graduated from a Voc/Tech post secondary program?

- ❍ Yes
- ❍ No

EMPLOYMENT STATUS

Is the youth currently working for pay?

- ❍ Yes
- ❍ No

How many jobs is the youth working for pay?

- ❍ 1 job
- ❍ 2 jobs
- ❍ More than 2 jobs

Thinking about all of the paid jobs the youth has Performed. Does s/he usually work Part Time
(Less than 30 Hours per week) Or Full Time (30 Hours or more per week)

- ❍ Part Time
- ❍ Full Time

Which one of the following best describes the youth's paid employment (job or jobs)? If youth has more than one job or is involved in multiple work programs (Please check all that apply).

- ❍ Competitive Employment within a position that was existing and advertised for an individual with or without disabiities
- ❍ Customized Employment (Customized Employment is a process for individualizing the employment relationship between a job seeker or an employee and an employer in ways that meet the needs of both)
- ❍ Supported Employment (works in the community, usually for minimum wage and receiving job support services, such as a job coach)
- ❍ Enclave (involved in a workshop or day program and works in a group with other persons with disabilities in a regular community business
- ❍ Mobile Work Crew (involved in a workshop or day program and works in a group with other individuals with disabilities performing a specific service in several different work sites. For example, a landscape crew that works in 3 different sites)
- ❍ Sheltered Workshop (works with other individuals with disabilities in assembly or production work for piece-rate wages or below minimum wages)
- ❍ Work/ Day Activity Center (attends a center with peers with disabilities learning skills such as cooking, recreation, grooming, where pay may be available)

If the youth is NOT currently employed or is significantly under-employed, what do you think makes it hard to get a job? (Please check ALL that apply)

- ❍ Lack of initiative / doesn't appear to want to work
- ❍ Lack of jobs in the area
- ❍ Don't want wages to impact on Social Security benefits
- ❍ Lack of on-going supports
- ❍ Not able to work because of health
- ❍ Placed on a waiting list for Sheltered Workshop
- ❍ Placed on a waiting list for Supported Work Services
- ❍ No transportation available
- ❍ No one to help find a job
- ❍ Lack of job training programs
- ❍ Lack of / Under-developed job skills
- ❍ I don't want him/her to work
- ❍ Employment is an unrealistic goal
- ❍ Lack of Support Services

How satisfied are you with the youth's current employment status?

- ❍ Not at all satisfied
- ❍ Slightly Satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

How satisfied is the youth with his/her current employment status?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

LIVING ARRANGEMENT

Which best describes the youth's current Living Arrangement?

- ❍ At home with parent
- ❍ At home with other family member who is head of household
- ❍ Living Alone Independently
- ❍ Living Independently with spouse, domestic partner or roommate
- ❍ Supportive Living Arrangement /Semi-independent Living (e.g. group home; supervised apartment)
- ❍ Foster Home
- ❍ Nursing Home
- ❍ Residential School / College
- ❍ Public Institution
- ❍ Private Institution
- ❍ Other

Where do you or the youth want to live 5 years from now?

- ❍ At home with parent
- ❍ At home with other family member who is head of household
- ❍ Living Alone Independently
- ❍ Living Independently with spouse, domestic partner or roommate
- ❍ Supportive Living Arrangement /Semi-independent Living (e.g. group home; supervised apartment)
- ❍ Foster Home
- ❍ Nursing Home
- ❍ Residential School / College
- ❍ Public Institution
- ❍ Private Institution
- ❍ Other

Where would the youth like to be living?

- ❍ At home with parent
- ❍ At home with other family member who is head of household
- ❍ Living alone independently
- ❍ Living alone independently with spouse, domestic partner or roommate
- ❍ Supportive living arrangement/semi-independent living (e.g group home, supervised apartment
- ❍ Foster home
- ❍ Nursing home
- ❍ Residential School/College
- ❍ Public Institution
- ❍ Private Institution
- ❍ Other

How satisfied are you with the youth's overall current living arrangement?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

COMMUNITY INVOLVEMENT

Which of the following activities does the youth engage in routinely (at least twice a month)? **(Please check ALL that apply)**

Please note that the following activities have been identified to gather information about the community involvement of many different types of young people. Therefore, it is understood that there are a variety of individuals that may either engage in all of these activities or there are those that may rarely engage in any of these activities.

- ❍ Shopping/Banking/Running Other Errands
- ❍ Participating in Team Sports with Students without Disabilities
- ❍ Participating in Individual Sports (e.g.YMCA)
- ❍ Going to a Sporting Event
- ❍ Going to the Movies, Concert, or Play

- Going on a Date or to a Party
- Hanging out with friends
- Going to a Meeting of a Club or Organization
- Playing video games
- Going to the library
- Going for a walk or to a park
- Participating in Special Olympics
- Taking Adult Classes (Fitness, art, etc.)
- Enjoying Outdoor Activities (e.g.. Hiking)
- Using the Internet
- Going out to eat
- Attending a Religious Service
- Playing with his/her I-Pad
- Using social media (Facebook, Twitter, etc.)
- Listening to Music
- Volunteering

Does the youth have a cell phone?

- Yes
- No

Does the youth use Video Chat?

- Yes
- No
- Don't know

How often?

- Daily
- Weekly
- Monthly
- Less than Monthly

On what type of device?

Does the youth have friends other than family members or paid people (Service Providers)?

- ❍ Yes
- ❍ No

If yes, how many?

- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5
- ❍ more than 5

How satisfied are you with the youth's current community/social environment?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

CURRENT SUPPORT SERVICES

Read the following list of services and put a CHECK under the ONE condition that best describes each of the current service needs and provisions:

	Provided		Needed	
	Yes	No	Yes	No
Service Coordination (Case Management)	○	○	○	○
Residential Support Services	○	○	○	○
Personal Assistance Services	○	○	○	○
Adult Literacy / Education (E.g. Reading; Tutoring)	○	○	○	○
Vocational/Technical Education	○	○	○	○
Employment Services (e.g. Job Coaching, finding a job)	○	○	○	○
General Medical and Dental Services	○	○	○	○
Payment for or Provision of Medical Equipment, Supplies or Medication	○	○	○	○
Mental Health or Counseling	○	○	○	○
Physical Therapy	○	○	○	○
	Yes	No	Yes	No
Occupational Therapy	○	○	○	○
Communication & Language Services (Speech Therapy)	○	○	○	○
Orientation & Mobility Services	○	○	○	○
Sign Language Interpreting Services	○	○	○	○
Adaptive Equipment	○	○	○	○
Income Assistance (e.g. SSI; SSDI)	○	○	○	○
Food Assistance / Food Stamps	○	○	○	○
Self Help / Support Groups	○	○	○	○
Transportation to and from work, school, or day activity	○	○	○	○
Transportation to and from non-daily activities (e.g. medical appointments, shopping and leisure time)	○	○	○	○
	Yes	No	Yes	No
Recreation / Leisure Support Services	○	○	○	○
Social/recreational activities	○	○	○	○
Respite Care for Caregivers	○	○	○	○
Vision Services / Support (e.g. Braille, Low Vision)	○	○	○	○
Support Service Provider (SSP)	○	○	○	○
Language Interpreting (eg. Spanish) Services	○	○	○	○
Computer Training	○	○	○	○
Assistive Technology and Devices	○	○	○	○

In general, How satisfied are you with the current level of support services provided on behalf of the youth?

- ❍ Not at all satisfied
- ❍ Slightly satisfied
- ❍ Moderately satisfied
- ❍ Very satisfied

FAMILY DEMOGRAPHICS

What is the youth's ethnicity/race?

- ❍ American Indian
- ❍ African-American
- ❍ Asian-American
- ❍ Hispanic
- ❍ Pacific Islander
- ❍ White
- ❍ Other

Is English the first language of the youth's family?

- ❍ Yes
- ❍ No

Choose one of the following that best describes the community in which the youth lives:

- ❍ Urban
- ❍ Suburban
- ❍ Rural

Does the youth present with additional (to Deaf-Blindness) disabilities? Check all that apply.

- ❍ Intellectual Disabilities
- ❍ Autism Spectrum Disorder
- ❍ Orthopedic or Movement Disorders
- ❍ Diagnosed Psychiatric Disorder

Please provide any additional comments you would like:

Thanks You So Much for Your Consideration
If there is anything I can do to clarify the Consent Parameters,
Please do not hesitate contacting me.

Jerry G. Petroff petroff@tcnj.edu