

Which best describes you?

- ☐ I am a speech-language pathologist
- ☐ I am a school psychologist
- ☐ Other

What is your highest degree earned to date?

- ☐ Bachelors
- ☐ Masters
- ☐ Specialist
- ☐ Doctorate
- ☐ Other

If other, please describe.

Please select your primary place of employment:

- ☐ Practicing in public schools
- ☐ Practicing in charter schools
- ☐ Practicing in private schools
- ☐ Practicing in another setting (e.g., hospital, private practice, community clinic)
- ☐ Retired
- ☐ None of the above

In what state are you currently practicing?

How long (in years) have you been practicing in the schools?

How long (in years) have you been practicing in any setting?

What is your age (in years)?

What is your race/ethnicity (please check all that apply)?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Latino/a
- ☐ Other

If other, please describe:

How do you currently describe your gender identity?

- ☐ Male
- ☐ Female
- ☐ Prefer not to respond
- ☐ Other

If other, please describe:

Please describe your clinical fellowship and/or internship setting (please check all that apply):

- ☐ School
- ☐ Hospital
- ☐ Private Practice
- ☐ Children's Hospital
- ☐ Juvenile Detention Center
- ☐ Health Science Center
- ☐ Residential Treatment Center
- ☐ Community Mental Health Center
- ☐ Consortium
- ☐ Skilled Nursing Center
- ☐ Rehabilitation Center
- ☐ Other
- ☐ I didn't complete an internship

If other, please describe:

What best describes the setting in which you currently work? (Please select all that apply)

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Don't Know

Which option below best describes the number of students with hearing loss you have worked with (please provide your best estimate).

- ☐ 0
- ☐ 1-9
- ☐ 10-20
- ☐ >20
- ☐ Don't Know

Please indicate your educational experiences related to hearing loss.

	None	Minor Focus	Major Focus	Entire Focus	Not Applicable
Undergraduate Coursework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate Coursework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Development (e.g., workshops, presentations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing Education Credits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please describe:

Please indicate your practical and clinical experiences related to hearing loss.

	None	Minor Focus	Major Focus	Entire Focus	Not Applicable
Practica or Externship Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internship/CFY Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please describe:

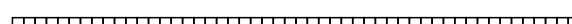
Please describe the type of direct service experiences (e.g., assessments, intervention/therapy, consultation) you have with individuals who have hearing loss. You may include direct work from undergraduate or graduate school, research opportunities, practica/externship, internship, and/or postdoctoral experiences.

	None	Minor Focus	Major Focus	Entire Focus	Not Applicable
Assessment/Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please describe: _____

How confident are you in your ability to ensure that a student's hearing aid is working properly?

Not confident at all Extremely confident



(Place a mark on the scale above)

How confident are you in your ability to troubleshoot a malfunctioning hearing aid?

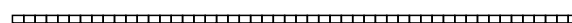
Not confident at all Extremely confident



(Place a mark on the scale above)

How familiar are you with proper use of frequency modulation (FM) devices for students with hearing loss?

Not at all familiar Extremely familiar



(Place a mark on the scale above)

How confident do you feel in your ability to assess a child with multiple disabilities, with one of those disabilities being hearing loss?

Not confident at all Extremely confident



(Place a mark on the scale above)

Have you conducted a school-based evaluation for a student with multiple disabilities, one of which is hearing loss?

- ☐ Yes
☐ No

How confident do you feel in your ability to distinguish academic and developmental concerns due to hearing loss from those due to other, co-occurring disabilities?

Not confident at all Extremely confident



(Place a mark on the scale above)

When assessing students with multiple disabilities (including hearing loss), please identify the professionals in which you frequently collaborate (choose all that apply).

- ☐ Audiology
☐ Speech-Language Pathology
☐ School Psychology
☐ Occupational Therapy
☐ Physical Therapy
☐ Special Education Teacher
☐ General Education Teacher
☐ Other
☐ I have not collaborated with other professionals during evaluations with this student population.

If other, please describe: _____

How often do you collaborate with professionals from fields other than your own during school-based evaluations for children with multiple disabilities (one of which is hearing loss)?

- ☐ Never
☐ Rarely
☐ Occasionally
☐ Regularly
☐ Almost Always

Please identify any barriers you feel impact your ability to collaborate with other disciplines during school-based evaluations for students with disabilities (select all that apply)

- ☐ Limited time
☐ Limited knowledge of available professionals
☐ Limited access to other professionals
☐ Lack of previous interdisciplinary collaboration experiences
☐ Schools are not an ideal environment for interdisciplinary collaboration
☐ Other
☐ I do not experience any barriers to collaborating with professionals from different disciplines.

If other, please describe

For students you may serve who have both hearing loss and another co-occurring disability (e.g. autism, developmental disability, ADHD), do you feel it would be beneficial to work closely with a school psychologist and/or audiologist on these cases?

- ☐ Yes
☐ No

For students you may evaluate who have both hearing loss and another co-occurring disability (e.g. Autism Spectrum Disorder, Developmental Delay, Attention-Deficit/Hyperactivity Disorder), do you feel it would be beneficial to work closely with a speech-language pathologist and/or audiologist on these cases?

- ☐ Yes
☐ No

How would you be interested in obtaining more education on how to assess children with hearing loss and other co-occurring disabilities? Please check all that apply.

- ☐ In Person Conference
☐ Inservice ☐ Online Training
☐ Other

If other, please describe:

Relative to the amount of training you had concerning the assessment of children with hearing loss and other co-occurring disabilities, how much more or less training would you have preferred in each of these environments?

	A Lot Less	A Little Less	Same	A Little More	A Lot More	Not Applicable
Undergraduate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practica or Externship Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internship/CFY Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Opportunities (During Academic Training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please describe: _____

Please describe your perspective on the importance and role of interdisciplinary collaborations to assess students with multiple disabilities (one of which is hearing loss) in school settings. _____

Would you be willing to participate in a follow-up interview regarding your experiences providing services to students who have hearing loss?

- ☐ Yes
☐ No

Please enter your email. This information will be kept separate from your survey responses and will only be used to notify you if you are randomly selected to receive an Amazon.com gift card or to contact you if you agree to participate in a follow-up interview. _____