TN H&V Parent Interest Survey

<http://www.tnhandsandvoices.org/>

Child(ren) ages: County / City:

Contact information OPTIONAL:

**Check as many as you wish in all areas.**

|  |  |  |
| --- | --- | --- |
| **Activities** | **Interested** | **Not interested** |
| Getting to know other parents / families: talking to other people with similar experiences |  |  |
| Learning opportunities from professionals: technology, ideas to help with behavior, school work, language development.  |  |  |
| Attending social / fun oriented activities: picnics, get-togethers, retreat |  |  |
| Meeting people with hearing impairments: asking questions about their experiences |  |  |
| Play dates for children and parents (small group) |  |  |
| Organized game day / sports related activities (large group) |  |  |
| Field trips to points of interest |  |  |
| Tutoring |  |  |
| My child meeting adults with hearing impairment |  |  |
| Other: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Locations** | **Yes** | **No** | **Depends on Transportation**  |
| Community Park |  |  |  |
| Zoo |  |  |  |
| Library |  |  |  |
| Local Restaurant |  |  |  |
| Recreational venues |  |  |  |
| Other: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Never** | **Sometimes** | **Always** |  | **Frequency** |
| Weekday |  |  |  |  |  1 X month |
| Weekend |  |  |  |  |  |
| Morning - 9 - 10 |  |  |  |  |  2 X year |
| Mid-morning – 10 - 12 |  |  |  |  |  |
| Afternoon – 1 - 4 |  |  |  |  |  3 X year |
| Evening – 5 - 7 |  |  |  |  |  |
|  Night – 7 - 8 |  |  |  |  |  4 X year |

**Have you / your family participated in TN H&V? YES NO**

**I am interested in helping plan or lead activities. YES NO**

**What I am really interested in is**: