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.

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Minor Focus</th>
<th>Major Focus</th>
<th>Entire Focus</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Coursework</td>
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<tr>
<td>Graduate Coursework</td>
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<tr>
<td>(e.g., workshops, presentations)</td>
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<td>Continuing Education Credits</td>
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<td>Other</td>
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</table>

If other, please describe: _____________________________________________
Please indicate your practical and clinical experiences related to hearing loss.

<table>
<thead>
<tr>
<th>Practica or Externship Opportunities</th>
<th>None</th>
<th>Minor Focus</th>
<th>Major Focus</th>
<th>Entire Focus</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Internship/CFY Opportunities</td>
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<tr>
<td>Research Opportunities</td>
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<tr>
<td>Employment Opportunities</td>
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<tr>
<td>Other</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Assessment/Evaluation</th>
<th>None</th>
<th>Minor Focus</th>
<th>Major Focus</th>
<th>Entire Focus</th>
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<tbody>
<tr>
<td>Treatment</td>
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<tr>
<td>Consultation</td>
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<tr>
<td>Other</td>
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<td>○</td>
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</table>

If other, please describe:

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

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

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

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

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

- 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?

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

- 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?

<table>
<thead>
<tr>
<th>Environment</th>
<th>A Lot Less</th>
<th>A Little Less</th>
<th>Same</th>
<th>A Little More</th>
<th>A Lot More</th>
<th>Not Applicable</th>
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<tr>
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<tr>
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</tbody>
</table>

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.

__________________________________________