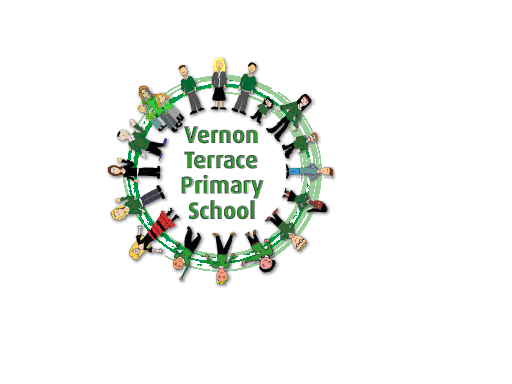
******

***Please answer the questions regarding your confidence and current practice with our deaf learners.***

**This survey will gather your views to allow us to organise the appropriate training for our September inset day, which will be delivered by a Specialist Educational Consultant for Hearing Loss and Auditory Processing Disorder and a member of the British Association of Teachers of the Deaf.**

1: **I am aware of the individual needs of the deaf child(ren) in my class**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

2: **I feel confident in meeting the needs of the deaf child(ren) in my class**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

3: **I understand the system/processes for when a deaf child(ren) is experiencing difficulties in the classroom**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

4: **I understand the different roles and responsibilities of all the adults involved with the deaf child(ren)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

5: **I would like further support in knowing how to work with the 1:1 specialist teaching assistant effectively, utilising support to inform planning to ensure optimal outcomes for the deaf child(ren)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

6: **I am confident in assessing the deaf child(ren)’s academic attainment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

7: **Overall, I feel confident communicating with my deaf learner(s) (either 1:1 or through a communicator)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

8. **I feel confident with the different aspects of deaf awareness (e.g., lighting, positioning, background noise, repeating questions etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strongly agree** | **Agree** | **Disagree** | **Strongly agree** |
|  |  |  |  |

9: **Please circle below:**

How challenging do you find the following aspects of having a deaf child in your class?

**1 being extremely challenging and 5 being not challenging**. Please rank.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| Managing audiological equipment – radio aid |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |
| Planning and differentiation |  |  |  |  |  |  |
| Assessment |  |  |  |  |  |  |
| Liaising with support staff |  |  |  |  |  |  |
| Social inclusion for the deaf child |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |

10**. What is the biggest challenge for you professionally in having a deaf child(ren) in your class/school?**

11**. Would you like the opportunity to gain a Level 1 BSL qualification?**

**12. Please provide any further information on specific needs that you feel you require more training/support with or would like CPD on:**