

# Perspectives towards Communication Options among Parents of Children with Hearing Impairment

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## **ABSTRACT**

## <u>Introductio</u>n

Intervention and educational approaches ranging from oral language only to oral language combined with various forms of sign language have evolved. The aim of this study was to understand the choices of language for the deaf/ hearing impaired child for communication by the parents using a survey questionnaire. The objectives were to adapt the questionnaire given by to obtain the information about the choices of communication mode and the process of selection.

#### **Materials and Methods**

Participants included in this study were parents of hearing impaired and deaf children in Bengaluru. Modified and shortlisted 31 questions given to ten teachers of deaf and sign language users for content validation and those suggestions were incorporated. Questionnaire was provided to parents of hearing impaired and deaf children.

#### Results

Study showed majority were fitted with devices to help their hearing – hearing aid and cochlear implant and joined oral school for education. Age of Intervention was early only in small number of children. Sign language as a mode of communication was reported in only 20.3% and 59.3% reportedly not used sign language at all. The families that used sign language reported the reason for the choice being ease of use. Regardless of competence of children in oral language, majority of parent's aspiration was oral language, followed by sign and oral language. Choosing sign language as a primary communication mode is seen in minority of parents. The survey also showed though children are in oral school, mode communication is not always oral. Peer group interaction and interaction with family members require sign and actions-gestures along with oral language.

#### Conclusion

The study emphasized the importance of learning oral language and sign language for deaf and hearing-impaired children. Parental concerns revolved around educational opportunities of deaf/hearing impaired child population may be reduced.

#### <u>Keywords</u>

Sign Language; Oral Language; Communication Options; Hearing Impairment

India, adults and children with congenital hearing loss do adopt oral/ aural/ sign language/ total communication as their primary mode of communication depending on several factors like age of identification, age of amplifications, availability or access to speech language therapy, sign language teacher and inclusive education, education and poverty of parents etc.

Children with hearing impairment may not always get an opportunity to learn oral language / may have deficits in oral language competence when they enter higher classes in school. Due to this they may continue to use gestures or learn sign language for their communication. As a result, socialization and interpersonal skills of the children with hearing impairment may be affected.<sup>1</sup> Educational opportunities of deaf/ hearing impaired child population may be reduced. Therefore, knowing the different communication modes adopted by children with

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hearing impairment (HI) in their social, family and school environments would be helpful for formulating policies for their inclusion.

With this scenario in mind, the study was conducted to understand the choice of language for the deaf/ hearing impaired child for communication by the parents using a questionnaire (self-filled).

The objectives were to adapt the questionnaire given by Mckee and Vale<sup>2</sup> into Kannada and Hindi, to enumerate the choices of communication mode, factors contributing to the choice of communication mode and to understand the attitude of parents towards sign language as a medium of instruction in school.

## Materials and Methods

The study design was survey questionnaire, administered on parents of hearing-impaired children in Bengaluru, India. The sample size of 59 was obtained using G\*Power software by specifying parameters, 10% level of significance, 95% confidence interval and 50% proportion. Permission to collect the data for the questionnaire was taken from the principals of schools for children with hearing impairment in Bengaluru, India. The teacher/ parent information sheet was used to explain the participants, method and outcome of the study. The parents who provided consent were included as participants. The study was undertaken in many stages. The first stage was adaptation of the pre-existing 26 item questionnaire which was developed by McKee and Vale<sup>2</sup> to suit the needs of the Indian scenario. This was followed by validation by ten experienced teachers of deaf and sign language users. The original questionnaire consisted of 26 questions, the adapted version after content validation comprised of 31 questions (ANNEXURE I). The adapted, validated questionnaire was then translated to Hindi and Kannada languages by experienced teachers of both languages (ANNEXURES II & III). Data analysis was done using SPSS software version 21 which included, frequency tabulations of all responses from all the subjects, for each of the question.

## **Results and Discussion**

# A. Demographic Details

While 20.75 % of the study population were single children, 77.75% had one or more siblings. Among the participants, 10.2% children were in preschool, 28.8% children were in primary school, 18.6% children were in middle school, 25.4% children were in secondary school, 1.7% children were in higher secondary school. It was also seen that 30.50% were female and 69.49% were male children. Ten percent (10%) children were between 0-3 years, 14% children were between 4-8 years, 16% children were between 9-16 years and 13% children were above 16 years; 33.9% reported to be having relative who is also deaf (Table I).

Table I: The Demographic profile

## I.a: Chronological Age and Hearing Age

SL NO	PARAMETER	MEAN/SD
1	Age	12.38 Yrs ± 4.68
2	Hearing Age	9.76 Yrs ± 5.94

I.b: Frequency distribution of Gender; Age Groups; Siblings; and Education Level

SLNO	PARAMETER	FREQUENCY DISTRIBUTION
3	Gender Male- 69.49%	Female- 30.50%;
4	No of children across age Groups	0-3yrs- 10%; 4-8yrs -14%; 9-16yrs-16%; >16yrs-13%
5	No of siblings	Single Child-20.75%; One sibling-39.6%; Two siblings-20.75%; >Two siblings- 17.20%
6	Education level of the child	Preschool-10.25%; Primary School- 28.8%; Middle School-18.61%; High School- 25.4%

# B. Communication Options:

*B.1.* Sign Language as Communication mode: Sign language as Mode of communication was reported by 20.3% of parents and other 59.3% of parents responded as not using sign language (Fig. 1).

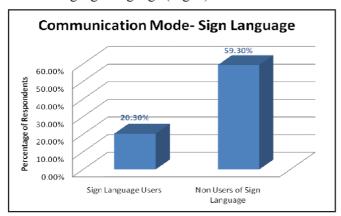


Fig. 1. Sign Language as Communication Mode

The results shows that sign language is yet not a preferred mode of communication among parents in India. It may either reflect lack of opportunities for them to learn or lack of information among them. Porter etaldiscussed about principles of shared decision-making and informed choice which have to be implemented for parents in India when it is time for them to take decisions for their deaf children.<sup>3</sup> While their aspirations for using only oral communication cannot be discredited, its important to educate them on advantages of other modes of communication and how it may help in overall development of the child.

Williams, in a study, stated about attitude of parents with and without hearing loss and choices of communication option for their children with various degree of hearing loss. Most of the parents informed that they were having lack of information for making decisions about the type of sign language system for their children.<sup>4</sup>

*B.2. Communication Mode at Home:* With regards to communication at home by parent, the primary mode of communication was verbal in 22% of respondents, while 37.3 % used speech with some gestures / actions to clarify and 40.7 % used signing with speech (Fig.2).

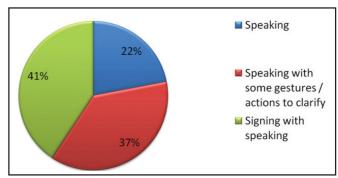


Fig. 2. Communication at home by parents

Based on the responses, it was seen that majority of parents felt their child's oral language skills were inadequate. They had to resort to speaking with some gestures / actions to clarify or signing. This may reflect in part less than desirable outcome in children with hearing handicap (HH) who are enrolled into intervention late. Lack of access to speech therapy, use of lessthan optimal hearing devices and late enrolment into intervention may have all contributed child not having age adequate oral language skills.

B.3.Mode of communication of the child: Total 14% parents reported that for purpose of communication their child uses signing with speaking, where as 11% parents reported that Speaking was the primary mode of communication of their child. 7% parents reported that their child uses only signing for communication. Only 2% of parents reported that their child uses bilingual mode of communication i.e. Spoken English and Indian Sign Language (Fig. 3).

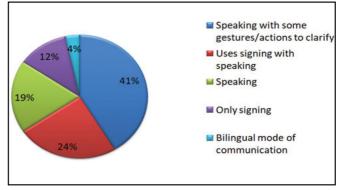


Fig. 3. Child's own communication

The decision to use sign language was probed using an open ended question no 17, in which responses of parents suggests that choice of usingsign language was due to it being easy to communicate with their child. It was noted that 35.6 % user learnt sign language from advisorand/or resource teacher of the deaf, while 11.8% users learnt sign language from self-instruction using video and online resources and 6.7% users learnt sign language from Indian Sign Language classes through adult education provider, or deaf organization. While least no of users (1.6%) learnt sign language from parent-organized lessons or group. No responses obtained from the participants for the options like 'mixing with Deaf adult community' or 'I am Deaf or have Deaf family' / 'already knew Indian Sign Language'.

Around 11% of respondents have used online resources to learn sign language. This is encouraging and probably making online courses available may help more parents to acquaint themselves into sign language. The school or teacher of their child is still the major source of sign language learning for parents. In adequate Opportunity to learn sign language may not be restricted to India only. Survey in New Zealand by McKey and Smith reported similar findings. Therefore, providing e learning opportunity may help in this aspect. Their survey also reported that parents of children 11-15 were more dissatisfied with opportunities to learn sign language. This may indicate the potential group of parents who may require such services.

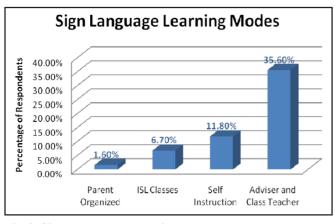


Fig.4. Sign Language Learning Modes

B.4. Sign language competency ability and understanding: The responses from question on sign language competency ability and understanding describes about the ability of the parents to sign. The responses showed 18.6% parents can sign very well, almost everything, while 15.26% parents reported that they can sign many things. Only 11.86% parents reported they can sign fairly well; 23.7% parents reported that they only can sign about simple and basic things, while 10.1% parents reported that they only can use few signs (Fig. 5).

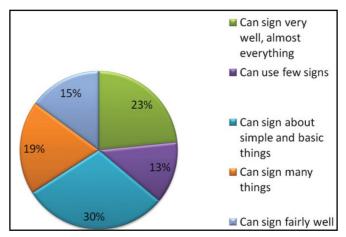


Fig. 5. Sign language competency ability and understanding

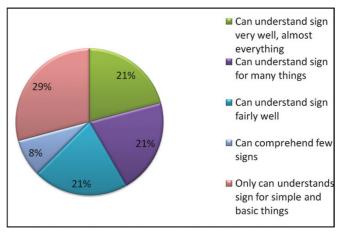


Fig. 6. Level of understanding of sign language by parents

The responses from question about the understanding of the parents to sign language had 17.85% parents reporting that they can understand sign very well, almost

everything and an equal 17.85% parents reported that they can understand sign for many things. Some parents reported that they can understand sign fairly well (17.85%). Majority of the respondents 25% reported that they only can understands sign for simple and basic things. While 7.14% parents reported that they only can comprehend few signs (Fig.6).

*B.5.* Communication at school or child care: For the question on Communication at school or child care, 33.9% parents reported that their child communicates at school through speaking, while 16.07% parents reported that their child communicates at school by using signing. However, it was seen that only 7.14% parents reported that their child communicates at school by using both speaking and signing.

B.6. Satisfaction with child's communication: 75% of parents reported that they were satisfied with their child's communication and 16.07% of parents reported that they were partially satisfied with their child's communication. 7.14% parents reported that they were concerned regarding their child's way of communication in school settings (Fig.7).

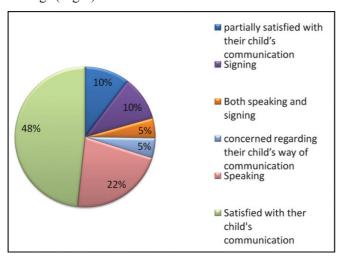


Fig. 7. Communication mode at school

*B.7 Language goals:* Around 1/3<sup>rd</sup> of parents did not provide any answer to the question about Language goals. Among the respondents who answered, oral language

(speechalone) was the goal for 10.5% of parents, sign / action along with speech was the goal in 6.7% of parents. Some also mentioned that they want their child to be independent when grown up and manage their communication and interaction without needing any support.

This reflects the aspirations of parents of HH in India. Majority of respondents not answering to this question is difficult to interpret. The study Mckee and Smith also reported that majority (38%) of respondents preferred oral communication to be the language goal of their children. Only 18% in their study had chosen bilingual option i.e., Sign and Oral Language.<sup>5</sup>

B.8 What helps to achieve the set goals of language: For this the common answers were, 'speaking to the child constantly', 'speech therapy and auditory training', 'working with the child at home and at school'.

Among the sign language choosers, some of the answers were, 'school teacher helping out with learning of sign language', 'activities in the area that build confidence in the child'.

Decker etaldiscussed that mode of communication chosen by the parents inspired from many resource personnel like teachers, speech therapists, Audiologists, other parents, spouse. Such a support group was helpful for them to take the decision about their child's communication.

B.9 Have you come across barriers to achieving your language goals for your child?: the responses on Barriers to achieve language goals, were, 'communication skills not adequate', 'not able to speak in English while education for child is in English', 'not having good school at native place and so had to shift to Bengaluru'.

This illustrates factors unique to the Indian situation. Parents often have to migrate to big cities for education options. And in general perception of parents is that education in English Medium of Instruction would help in higher education and employment. Therefore, though one of parent, frequently mother, do not have adequate

competence in English but child would be in school with English as medium of instruction.

The study highlighted that mode of communication at home was mixed type, gestures with oral language. The parental concerns revolved around educational opportunities of deaf/ hearing impaired child population may be reduced, majority chose oral language as ideal but use of sign language seemed to be practical. The study emphasized the importance of learning oral language and sign language for deaf and hearing-impaired children. Kumar and Rao reported that parents of children with hearing impairment may exhibit positive attitude towards their children.<sup>7</sup> This attitude was influenced by gender of the child, birth order and other socio-economic factors. Umadeviand Venkatramaiah reported that Indian parents of children with hearing impairment had higher aspirations for their children.8 Leading an independent life and securing well-paying jobs was their expectation from intervention and education. Considering these attitudes have not changed over decades and is again reflected in results of present study, further studies have to be planned to explore these aspects further.

## Conclusion

The study shows communication modes adopted by children and their parents includes oral language, oral and sign as well as oral and gestures. More than 77% children have a sibling who are typically developing. Parents do not always have all the information while make decision of communication choices at school. Communication mode adopted at school and at home differs in majority of children. Parents though know their child's skill level in language is inadequate to lead independent life, they are unable to make any changes towards that. So,

communication with siblings is also affected by the ineffective choices of communication mode adopted by children. Aspiration of majority of parents in India is still oral language.

The limitation of the study was that, it was done only in Bengaluru India, not in whole part of Karnataka. The number of participants were probably not adequate to draw generalised conclusions. But it is definitely a window into investigating the choices or rather forced choices among the parents of the children with hearing impairment.

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# ANNEXURE-I

# Perspectives towards communication options among parents of children with hearing impairment.

(QUESTIONN AIRE IN ENGLISH)

Name of Educat Name of Date of Age/ G Hearing No of s	ender: g age:	Date:
Q 1. 1) 2) 3)	Are you: mother of a deaf / hearing impaired child father of a deaf / hearing impaired child other primary caregiver of a deaf / hearing impaired child	
Q 2. 1) 2) 3) 4)	Are you: hearing (no hearing impairment) deaf hearing impaired Deaf blind	
Q 3. 1) 2) 3) 4)	Is your partner: hearing (no hearing impairment) deaf hearing impaired I do not have a partner	
Q 4.  1) 2) 3) 4)	How old is your child who is deaf or hearing impaired? (If you have choose more than one age group). between 0-3 years old between4 - 8 years old between9 - 16 years old over16 years old	more than one child who is deaf or hearing impaired, you can
Q 5. 1) 2) 3)	Do you have any other deaf / hearing impaired relatives? (Excluding no yes - one other relative yes- two or more relatives	relatives with hearing loss due to old age)
Q 6.a. 1) 2)	Does your deaf / hearing impaired relative use sign language/ oral language yes no	guage ?
Q 6.b. 1) 2) 3)	Do any of your deaf / hearing impaired relatives use sign language ? yes - all of them yes - some of them no - none of them	
Q 7.	When your child was a pre-schooler (or if your child is a pre-scho professionals about developing language and communication with yo	

1)

2)

use speech and listening only, not sign language

can use sign language as well as speech

- 3) focus mainly on sign language
- 4) no advice
- Q 8. Does your deaf / hearing impaired child have an Amplification device?
- 1) yes unilateral (in one ear)
- 2) yes bilateral (in both ears)
- 3) no
- 4) not yet, but intend to get one
- 5) not yet, but intend to get one
- Q 9. How old was your child when they first gotAmplification device?
- 1) between 0 12 months old
- 2) between 13 24 months old
- 3) between 2 5 years old
- 4) over 5 years old
- Q 10. Does your deaf / hearing impaired child have a cochlear implant (CI)?
- 1) yes unilateral (in one ear)
- 2) yes bilateral (in both ears)
- 3) no
- 4) not yet, but intend to get one
- 5) not yet, but intend to get one
- Q 11. How old was your child when they first gota cochlear implant (CI)?
- 1) between 0 12 months old
- 2) between 13 24 months old
- 3) between 2 5 years old
- 4) over 5 years old
- Q 12. After getting aAmplification device/cochlear implant what advice did you get from the CI programme about developing language and communication with your child?
- 1) use speech and listening only, not sign language
- 2) can use sign language as well as speech
- 3) focus mainly on sign language
- 4) no advice
- Q 13. Do you have any further comments about the advice you got?
- Q 14. Thinking about your everyday life at home, how do you usually communicate with your deaf child?
- 1) Speaking
- 2) speaking, with some gestures / actions to clarify
- 3) signing with speaking
- 4) signing mainly without speech
- Q 15. How do your other children (siblings) usually communicate with your deaf child?
- 1) Speaking
- 2) speaking with some gestures / actions to clarify
- 3) signing with speaking
- 4) signing mainly without speech
- 5) no siblings
- Q 16. Which of these best describes your deaf child's strongest way of expressing themselves with people in your family?
- 1) Speaking
- 2) speaking with some gestures / actions to clarify
- 3) signing with speaking
- 4) signing mainly without speech
- 5) bilingual can communicate in spoken English and ISL

- Q 17. Why did you decide to use sign language/ Oral language with your child?
- Q 18. How did you learn, or are learning, sign language? (Choose all that apply)
- 1) from Adviser and/or Resource Teacher of the Deaf
- 2) Deaf Resource Person visiting
- 3) ISL classes through adult education provider, or Deaf organization
- 4) self-instruction using video and online resources
- 5) parent-organised lessons or group
- 6) mixing with Deaf adult community
- 7) I am Deaf or have Deaf family already knew ISL
- Q 19. How well can you sign?
- 1) Very well (I can sign about almost anything)
- 2) Well (I can about many things)
- 3) Fairly well (I can sign about some things)
- 4) Not very well (I can sign about simple / basic things)
- 5) I only know a few signs or phrases
- Q 20. How well can you understand signing?
- 1) Very well (I can understand almost anything)
- 2) Well (I can understand many things)
- 3) Fairly well (I can understand some things and some people)
- 4) Not very well (I can understand simple / basic things, with some people)
- 5) I only understand a few signs or phrases
- Q 21. What is the main reason you decided to communicate only through speech with your child (not to use signing)?
- Q 22. Do you think your child might use ISL at any later time in their life?
- 1) no unlikely
- 2) yes likely
- 3) maybe unsure
- Q 23. If in the future your child attends a school where ISL is taught as a language option in the school curriculum, would you want your child to participate?
- 1) Yes
- 2) No
- 3) Unsure
- Q 24. Does your deaf child have contact with other deaf / hearing impaired children?
- 1) yes regularly
- 2) yes occasionally
- 3) no
- Q 25. Do you and your deaf child have contact with deaf / hearing impaired adults?
- 1) yes regularly
- 2) yes occasionally
- 3) no
- Q 26. If your deaf child attends regular childcare or school, how do they mainly communicate there?
- 1) Speaking
- 2) Signing
- 3) mix of speaking and signing
- Q 27. How satisfied do you feel with your child's access to communication at school / pre-school?
- 1) satisfied communication is going well
- 2) partly satisfied mostly okay, but there are some limitations
- 3) concerned my child has a lot of difficulties with communication in this setting

- Q28. Can you briefly describe your language goals for your deaf / hearing impaired child? For example, how do you imagine them communicating with others in 10 years from now, and as an adult?
- Q29. What is helping you to achieve your language goals for your child?
- Q30. Have you come across barriers to achieving your language goals for your child? If so, what barriers?
- Q 31. Will you be interested in telling what are the facilities available to learn oral language / sign language for a child with deafness in your area , if yes please describe briefly.

# **ANNEXURE-II** (QUESTIONN AIRE IN HINDI)

जनसाख्यकायाववरणः तिथिः		
माता-पिता का नाम (माता/पिता):		
देखभालकर्ता का शैक्षिक योग्यता:		
बच्चे का नाम:		
जन्म की तारीख:		
उम और लिंग:		
सुनने की उम्र:		
भाई-बहनों की संख्या:		
बच्चे की शैक्षिक योग्यता:		
प्रश्न 1. क्या आप:		
1)बधिर/ बधिर बच्चे की मां हैं ?		
2) बधिर/ बधिरबच्चे के पिता हैं ?		
3) बधिर/ बधिरबच्चे कीअन्य प्राथमिक देखभालकर्ता हैं ?		
प्रश्न 2. क्या आप :		
1) श्रवण / कोई श्रवणदोष नहीं हैं ?		
2) ਗਿੰਪਿਰ हैं ?		

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3) श्रवणबाधित हैं ?
प्रश्न 3. क्या आपका साथी :
1) श्रवण / कोई श्रवणदोष नहीं हैं ?
2) बाधित हैं ?
3) श्रवणबाधित हैं ?
4) मेरा कोई साथी नहीं है ?
प्रश्न 4.आपका बच्चा कितने साल का है जो बाधित है या सुनने में अक्षम है?
(यदि आपके एक से अधिक बच्चे हैं जो बाधित हैं या सुनने में अक्षम हैं, तो आप एक से अधिक आयुवर्ग चुन सकते हैं)।
1) 0-3 साल के बीच में
2) 4 - 8 वर्ष के बीच में
3) 9 - 16 वर्ष के बीच में
4) 16 साल से अधिक उम्र में
प्रश्न5 (a). क्या आपका कोई अन्य बधिर रिश्तेदार है? (वृद्धावस्था के कारण कम सुनने वाले रिश्तेदारों को छोड़कर)
1) नहीं
2) हाँ - एक अन्य रिश्तेदार
3) हाँ- दो या दो से अधिक रिश्तेदार
प्रश्न6.(a)क्या आपके बधिर रिश्तेदार सांकेतिक भाषा/ मौखिक भाषा का उपयोग करते हैं?
1) हाँ
2) नहीं
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- 1) हाँ वे सभी
- 2) हाँ उनमें से क्छ
- 3) नहीं इनमें से कोई नहीं

प्रश्न6. (b) क्या आपका कोई बधिर रिश्तेदार सांकेतिक भाषा का उपयोग करता है?

प्रश्न 7. जब आपका बच्चा शिशु विद्यालय में था (या यदिआपका बच्चा अभी शिशु विद्यालय में है), तो आपको अपने बच्चे के साथ भाषा और वार्तालाप विकसित करने के बारे में सलाहकार या अन्य पेशेवरों से क्या सलाह मिली?

- 1) केवल बोलने और स्नने का प्रयोग करें, सांकेतिक भाषा का नहीं करें
- 2) सांकेतिक भाषा के साथ-साथ बोलने का भी उपयोग कर सकते हैं
- 3) मुख्य रूप से सांकेतिक भाषा पर ध्यान दें
- 4) कोई सलाह नहीं मिली

प्रश्न 8 . क्या आपके बधिर बच्चे के पास स्नने की मशीन है?

- 1) हाँ एक तरफा (एक कान में)
- 2) हाँ द्विपक्षीय (दोनों कानों में)
- 3) नहीं
- 4) अभी नहीं, लेकिन एक दिलाने का इरादा है
- 5) अभी नहीं, लेकिन दो दिलाने का इरादा है

प्रश्न 9. आपका बच्चा कितने सालका था जब उसे पहली बार सुनने का मशीन मिला था?

- 1) 0 से 12 महीने के बीच में
- 2) 13 से 24 महीने के बीच में
- 3) 2 5 वर्ष के बीच में
- 4) 5 वर्ष से अधिक उम्र में

प्रश्न10. क्या आपके बधिर बच्चे को कॉक्लियर इम्प्लांट मिला है?

- 1) हाँ एकतरफा (एक कान में)
- 2) हाँ द्विपक्षीय (दोनों कानों में)
- 3) नहीं
- 4) अभी नहीं, लेकिन एक दिलाने का इरादा है
- 5) अभी नहीं, लेकिन एक दिलाने का इरादा है

प्रश्न11. आपका बच्चा कितने साल का था जब उसे पहली बार कॉक्लियर इम्प्लांट मिला था ?

- 1) 0 से 12 महीने के बीच में
- 2) 13 से 24 महीने के बीच में

- 3) 2 5 वर्ष के बीच में
- 4) 5 वर्षसे अधिक उम्र में

प्रश्न12. सुनने का मशीन । *कॉक्लियर इम्प्लांट* प्राप्त करने के बाद आपको *कॉक्लियर इम्प्लांट* प्रोग्राम से अपने बच्चे के साथ भाषा और वार्तालाप विकसित करने के बारे में क्या सलाह मिली?

- 1) केवल बोलने और सुनने का प्रयोग करें, सांकेतिक भाषा का नहीं
- 2) सांकेतिक भाषा के साथ-साथ भाषण का भी उपयोग कर सकते हैं
- 3) मुख्य रूप से सांकेतिक भाषा पर ध्यान दें
- 4) कोई सलाह नहीं

प्रश्न 13. आपको मिली सलाह के बारे में क्या आपकी कोई और टिप्पणी है?

प्रश्न14. अपने दैनिक जीवन के बारे में सोचते ह्ए, घर पर आप आम तौर परअपने बच्चे के साथ कैसे वार्तालाप करते हैं?

- 1) बोल कर
- 2) स्पष्ट करने के लिए कुछ इशारों / कार्यों के साथ बोल कर
- 3) बोल कर इशारा करना
- 4) मुख्य रूप से सिर्फ इशारा करना बिना बोले

प्रश्न15. आपके अन्य बच्चे (भाई-बहन) आम तौर पर आपके बधिर बच्चे के साथ कैसे वार्तालाप करते हैं?

- 1) बोल कर
- 2) स्पष्ट करने के लिए कुछ इशारों / कार्यों के साथ बोल कर
- 3) बोल कर इशारा करना
- 4) मुख्य रूप से सिर्फ इशारा करना बिना बोले
- 5) कोई भाई बहन नहीं है

प्रश्न16. परिवार के अन्य सदस्यों के साथ खुद को व्यक्त करने के लिए आप के बधिर बच्चे इनमें से कौनसा तरीके का सबसे अच्छा उपयोग करते हैं

- 1) बोल कर
- 2) स्पष्ट करने के लिए कुछ इशारों / कार्यों के साथ बोलना
- 3) बोल कर इशारा करना

- 4) म्ख्य रूप से सिर्फ इशारा करना बिना बोले
- 5) द्विभाषी *हिंदी* और भारतीय सांकेतिक भाषा में वार्तालाप कर सकते हैं प्रश्न17. आपने अपने बच्चे के साथ सांकेतिकभाषा/ मौखिक भाषा का प्रयोग करने का निर्णय क्यों लिया?

प्रश्न18. आपने सांकेतिक भाषा कैसे सीखी या सीख रहे हैं? (लागू होने वाले सभी का चयन करें)

- 1) बिधरों के सलाहकारऔर/ या संसाधन शिक्षक से
- 2) बधिर संसाधन व्यक्ति का दौरा
- 3) आई एस एल कक्षा में वयस्क शिक्षाप्रदाता, या बिधर संगठन के माध्यम से
- 4) वीडियो औरऑनलाइन संसाधनों का उपयोग कर के स्व-निर्देशन
- 5) माता-पिता द्वाराआयोजित पाठ या समूह
- 6) बधिर वयस्क समुदाय के साथ मिलकर
- 7) मैं बहरा हूँ या बहरा परिवार से हूँ पहले से ही आई एस एल जानता था प्रश्न19. आप कितनी अच्छी तरह इशारा कर सकते हैं?
- 1) बह्तअच्छा (मैं लगभग किसी भी चीज़ के बारे में इशारा कर सकता हूँ)
- 2) ठीक है (मैं कई चीजों के बारे में इशारा कर सकता हं)
- 3) काफी अच्छा (मैं क्छ चीजों के बारे में इशारा कर सकता हूं)
- 4) बहुतअच्छा नहीं है (मैं साधारण/ ब्नियादी चीजों के बारे में इशारा कर सकता हूं)
- 5) मैं केवल कुछ संकेत या वाक्यांश जानता हूँ

प्रश्न20. आप इशारा को कितनी अच्छी तरह समझ सकते हैं?

- 1) बहुत अच्छा (मैं लगभग किसी भी चीज़ के बारे में इशारा समझ सकता हूँ)
- 2) ठीक है (मैं बहुत सी बातें इशारों में समझ सकता हूँ)
- 3) काफीअच्छी तरह से (मैं कुछ चीजें और कुछ लोगों को इशारा में समझ सकता हूं)
- 4) बह्तअच्छा नहीं (मैं कुछ लोगों के साथ सरल/ब्नियादी बातें इशारा में समझ सकता हूँ)
- 5) मुझे केवल कुछ संकेत या वाक्यांश समझ में आते हैं
- प्रश्न 21. आपने अपने बच्चे के साथ केवल बोलने के माध्यम से **वार्तालाप** करने का मुख्य कारण क्या है (इशारा) का उपयोग नहीं करने के लिए)?

प्रश्न 22. क्या आपको लगता है कि आपका बच्चा अपने आने वाले जीवन में कभी भी आई एस एल का उपयोग कर सकता है?

- 1) नहीं असंभावित
- 2) हाँ संभावना
- 3) शायद अनिश्चित

प्रश्न 23. यदि भविष्य में आपका बच्चा किसी ऐसे स्कूल में जाता है जहाँ स्कूली पाठ्यक्रम में भाषा विकल्प के रूप में ISL प है, तो क्या आप चाहते हैं कि आपका बच्चा भाग ले?

- (1) हां
- नहीं
- 3) अनिश्चित

प्रश्न 24. क्या आपके बधिर बच्चे का अन्य बधिर/ कम सुनने वाले बच्चों के साथ संपर्क है?

- 1) हाँ नियमित रूप से
- 2) हाँ कभी-कभी
- नहीं

प्रश्न 25। क्या आप और आपके बधिर बच्चे का बधिर/ कम सुनने वाले वयस्कों के साथ संपर्क है?

- 1) हाँ नियमित रूप से
- 2) हाँ कभी-कभी
- 3) नहीं

प्रश्न 26। यदि आपका बधिर बच्चा नियमित चाइल्डकैअर या स्कूल जाता है, तो वे वहां मुख्य रूप से कैसे *वार्तालाप* करते हैं?

- 1) बोल कर
- 2) इशारा
- 3) बोली और इशारा मिलाकर

प्रश्न 27. आप अपने बच्चे की विद्यालय / शिश् विद्यालय में वार्तालाप से कितना संतुष्ट महसूस करते हैं?

1) संतुष्ट - वार्तालाप अच्छा चल रहा है

सुविधाएं उपलब्ध हैं, यदि हां, तो कृपया संक्षेप में वर्णन करें।

- 2) आंशिक रूप से संतुष्ट अधिकतर ठीक है, लेकिन कुछ सीमाएं हैं
- 3) संबंधित मेरे बच्चे को इस सेटिंग में वार्तालाप करने में बह्त कठिनाइयाँ होती हैं

प्रश्न 28. क्या आप अपने बिधर/ कम सुनने वाले बच्चे के लिए अपने भाषा लक्ष्यों का संक्षेप में वर्णन कर सकते हैं? उदाहरण*स्वरूप* , अब से 10 वर्षों में और एक वयस्क के रूप में आप उन्हें दूसरों के साथ किस तरह *वार्तालाप* करने की कल्पना करते हैं?

प्रश्न 29. आपके बच्चे के लिए भाषा के लक्ष्य हासिल करने में क्या आपकी मदद कर रही है?

प्रश्न 30। क्या अपने बच्चे के लिए लक्ष्यों को प्राप्त करने में बाधाओं का सामना किया है? यदि हां, तो क्या बाधाएं ?

प्रश्न 31. क्या आप यह बताने में रुचि लेंगे कि आपके क्षेत्र में बिधर बच्चे के लिए मौखिक भाषा / सांकेतिक भाषा सीखने के लिए क्या

# ANNEXURE-III

# (QUESTIONN AIRE IN KANNADA)

ಡೆಮೋಗ್ರಫಿಕ್ (ಕುಟುಂಬದ) ವಿವರ	ದಿನಾಂಕ :			
ಪ್ರೋಷಕರ ಹೆಸರು ( ತಂದೆ / ತಾಯಿ) :				
ಮಾಹಿತಿ ಕೊಡುವವರ ವಿದ್ಯಾರ್ಹತೆ :				
ಮಗುವಿನ ಹೆಸರು :				
ಹುಟ್ಟಿದ ದಿನಾಂಕ :				
ವಯಸ್ಸು / ಲಿಂಗ :				
ಕೇಳಿಸುವ ವಯಸ್ಸು(ಶ್ರವಣಯಂತ್ರ ಹಾಕಿಸುವಾಗ ವಯಸ್ಸು ಎನ	ಷ್ಯಾಗಿತ್ತು) :			
ಒಡಹುಟ್ಟಿದವರ ಸಂಖ್ಯೆ :				
ಮಗುವಿನ ವಿದ್ಯಾಹ೯ತೆ :				
1. ನೀವು ಆಗಿದ್ದೀರಾ?				
<ul> <li>ಕವುಡು ಮಗುವಿನ ತಾಯಿ / ಶ್ರವಣದೋಷವುಳ್ಳ ಮಗ</li> <li>ಕವುಡು ಮಗುವಿನ ತಂದೆ / ಶ್ರವಣದೋಷವುಳ್ಳ ಮಗ</li> <li>ಕವುಡು ಮಗುವನ್ನು ಪ್ರಮುಖವಾಗಿ ನೋಡಿಕೊಳ್ಳುವ</li> </ul>				
2. ನೀವು ಆಗಿದ್ದೀರಾ?				
<ul> <li>ಕೇಳಿಸುತ್ತದೆ (ಶ್ರವಣದೋಷ ಇಲ್ಲ)</li> <li>ಕವುಡುತನ</li> <li>ಶ್ರವಣದೋಷ / ಶ್ರವಣ ನ್ಯೂನ್ಯತೆ ಇದೆ</li> <li>ಡಫ್ ಬ್ಲೈಂಡ್ (ಕಿವುಡುತನ ಹಾಗೂ ದೃಷ್ಟಿದೋಷ)</li> </ul>				
3. ನಿಮ್ಮ ಸಂಗಾತಿಯವರಿಗೆ (ಗಂಡ / ಹೆಂಡತಿ)				
<ul> <li>ಕೇಳಿಸುತ್ತದೆ( ಶ್ರವಣದೋಷ ಇಲ್ಲ.)</li> <li>ಕವುಡು ಇದೆ</li> <li>ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಇದೆ / ಶ್ರವಣದೋಷ</li> <li>ನನಗೆ ಸಂಗಾತಿ ಇಲ್ಲ.</li> </ul>				
4. ನಿಮ್ಮ ಕಿವುಡು ಮಗು / ಶ್ರವಣದೋಷವುಳ್ಳ ಮಗುವಿನ ವಯಸ್ಸು ಎಷ್ಟು. ನಿಮಗೆ ಒಂದಕ್ಕಿಂತ ಹೆಚ್ಚು ಕಿವುಡು / ಶ್ರವಣದೋಷವುಳ್ಳ ಮಕ್ಕಳಿದ್ದಾರೆ ಈ ಕೆಳಗಿನ ಗುಂಪುಗಳಲ್ಲಿ ಒಂದುಕ್ಕಿಂತ ಹೆಚ್ಚು ಗುಂಪನ್ನು ಆರಿಸಿ ಕೊಳ್ಳ ಬಹುದು.				
<ul> <li>0-3 ವರ್ಷ</li> <li>4-8 ವರ್ಷ</li> <li>9-16 ವರ್ಷ</li> <li>16 ವರ್ಷಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು</li> </ul>				
5. ನಿಮ್ಮ ಸಂಬಂಧಿಕರಲ್ಲಿ ಯಾರಿಗಾದರು ಶ್ರವಣ ದೋಷವಿದೇಂ	ಯೇ ?			
<ul> <li>ಇಲ್ಲ</li> <li>ಹೌದು - ಒಬ್ಬರು ಸಂಬಂಧಿಕರಿಗೆ</li> <li>ಹೌದು - ಒಬ್ಬರು ಅಥವಾ ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು</li> </ul>				
6. a) ನಿಮ್ಮ ಕಿವುಡು ಮಗು / ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಇರುವ ಮಕ್ಕಳು ಸನ್ನೆ ಭಾಷೆಯನ್ನು ಉಪಯೋಗಿಸುತ್ತಾರೆಯೇ?				
• ಹೌದು • ಇಲ್ಲ				

6. b) ನಿಮ್ಮ ಕಿವುಡು ಮಗು / ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಮಗುವು ಸನ್ನೆ ಭಾಷೆಯನ್ನು ಉಪಯೋಗಿಸುತ್ತಾರೆಯೇ?

- ಹೌದು ಎಲ್ಲರೂ
- ಹೌದು ಕೆಲವರು ಮಾತ್ರ
- ಇಲ್ಲ ಯಾರು ಉಪಯೋಗಿಸುವುದಿಲ್ಲ
- 7. ನಿಮ್ಮ ಮಗು ಪ್ರಿಸ್ಕೂಲ್ ನಲ್ಲಿದ್ದಾಗ ಅಥವಾ ಈಗ ಇದ್ದರೆ ನಿಮ್ಮ ಕೌನ್ಸಿಲರ್ ಅಥವಾ ತೆರಪಿಸ್ಟ್ ಭಾಷೆ ಬೆಳೆ ಸುವುದರ ಬಗ್ಗೆ ಅಥವಾ ಸಂವಹನದ ವಿಧಾನದ ಬಗ್ಗೆ ಯಾವ ಸಲಹೆ ನಿಮಗೆ ಕೊಡುತ್ತಿದ್ದಾರೆ ?
  - ಮಾತು ಮತ್ತು ಭಾಷೆಯನ್ನು ಮಾತ್ರ ಉಪಯೋಗಿಸಿ ಸನ್ನೆ ಭಾಷೆ ಉಪಯೋಗಿಸಬಾರದು.
  - ಸನ್ನೆ ಭಾಷೆ ಮತ್ತು ಮಾತು ಎರಡನ್ನು ಉಪಯೋಗಿಸ ಬೇಕು.
  - ಸನ್ನೆ ಭಾಷೆಯನ್ನು ಜಾಸ್ತಿ ಉಪಯೋಗಿಸಬೇಕು.
  - ಯಾವ ಸಲಹೆಯನ್ನು ಕೊಟ್ಟಿಲ್ಲ
- 8. ನಿಮ್ಮ ಕಿವುಡು ಮಗು / ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಮಗುವಿನ ಹತ್ತಿರ ಶ್ರವಣ ಯಂತ್ರ ಇದೆಯಾ?
  - ಹೌದು ಒಂದು ಕಿವಿಗೆ ಇದೆ
  - ಹೌದು ಎರಡು ಕಿವಿಗೆ ಇದೆ
  - අවූ
  - ಇಲ್ಲ ಇನ್ನು ತೆಗೆದು ಕೊಂಡಿಲ್ಲ, ಮುಂದೆ ತೆಗೆದುಕೊಳ್ಳುತ್ತೇವೆ
- 9. ನಿಮ್ಮ ಮಗುವಿಗೆ ಮೊದಲ ಸಾರಿ ಶ್ರವಣಯಂತ್ರ ಹಾಕಿಸುವಾಗ ವಯಸ್ಸು ಎಷ್ಟಾಗಿತ್ತು?
  - 0-12 ತಿಂಗಳು
  - 13-24 ತಿಂಗಳು
  - 2-5 ವರ್ಷ
  - 5 ವರ್ಷ ಮೇಲ್ಫಟ್ಟು
- 10. ನಿಮ್ಮ ಕಿವುಡು ಮಗು ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಇರುವ ಮಗುವಿಗೆ ಕಾಕ್ಲಿಯರ್ ಇಂಪ್ಲಾಂಟ್ ಹಾಕಿಸಿದ್ದಿರಿಯೇ?
  - ಹೌದು ಒಂದು ಕಿವಿಗೆ
  - ಹೌದು ಎರಡು ಕಿವಿಗೆ
  - ಇಲ್ಲ
  - ಇನ್ನು ಇಲ್ಲ ಮುಂದೆ ಹಾಕಿಸಲು ಆಲೋಚಿಸಿದ್ದೇವೆ
- 11. ಕಾಕ್ಲಿಯಾರ್ ಇಂಪ್ಲಾಂಟ್ ಅಳವಡಿಸಿದಾಗ ನಿಮ್ಮ ಮಗುವಿನ ವಯಸ್ಸು ಎಷ್ಟಾಗಿತ್ತು ?
  - 0-12 ತಿಂಗಳು
  - 13-24 ತಿಂಗಳು
  - 2-5 ವರ್ಷ
  - 5 ವರ್ಷ ಮೇಲ್ಫಟ್ಟು
- 12. ಹಿಯರಿಂಗ್ ಬಡ್ / ಕಾಕ್ಲಿಯರ್ ಇಂಪ್ಲಾಂಟ್ ಪಡೆದುಕೊಂಡ ನಂತರ, ನಿಮ್ಮ ಮಗುವಿನ ಮಾತಿನ ಹಾಗು ಭಾಷೆಯ ಬೆಳವಣಿಗೆ ಬಗ್ಗೆ ಏನು ಸಲಹೆ ನೀಡಿದರು?
  - ಮಾತಾನಾಡುವುದು ಮತ್ತು ಮಾತನ್ನು ಕೇಳಿಸಿಕೊಳ್ಳುವುದನ್ನು ರೂಢಿಸಿಕೊಳ್ಳಬೇಕು, ಸನ್ನೆ ಭಾಷೆ ಅಲ್ಲ
  - ಸನ್ನೆ ಭಾಷೆ ಮತ್ತು ಮಾತು ಎರಡನ್ನು ಉಪಯೋಗಿಸ ಬೇಕು
  - ಸನ್ನೆ ಭಾಷೆ ಮಾತ್ರ ಉಪಯೋಗಿಸ ಬೇಕು
  - ಇದರ ಬಗ್ಗೆ ಏನು ಮಾಹಿತಿ ಕೊಡಲಿಲ್ಲ
- 13. ಅವರ ಸಲಹೆ ಸೂಚನೆಯ ಬಗ್ಗೆ ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವೇನು?
- 14. ನಿಮ್ಮ ಮನೆಯ ಜೀವನ ಯೋಚಿಸಿ ನೀವು ನಿಮ್ಮ ಮಗುವಿನ ಜೊತೆ ಯಾವ ವಿಧಾನದಲ್ಲಿ ಮಾತನಾಡುತ್ತೀರಾ?
  - ಮಾತಿನ ಬಳಕೆ
  - ಮಾತು ಮತ್ತು ಸ್ವಲ್ಪ ಸನ್ನೆ ಸೂಚನೆ/ ಸ್ಪಷ್ಟಪಡಿಸಲು ಕ್ರಿಯಾಪದದ ಬಳಕೆ
  - ಸನ್ನೆ ಭಾಷೆ ಮಾಡಿ ಮಾತನಾಡುವುದು
  - ಸನ್ನೆ ಭಾಷೆಯನ್ನಷ್ಟೇ ಬಳಸುವುದು/ ಮಾತಿನ ಬಳಕೆಯಿಲ್ಲ
- 15. ಮಗುವಿನ ಸಹೋದರ / ಸಹೋದರಿಯರು ಸಾಮಾನ್ಯವಾಗಿ ಶ್ರವಣದೋಷವುಳ್ಳ ಮಗುವಿನ ಜೋತೆ ಹೇಗೆ ಸಂವಹನ ನಡೆಸುತ್ತಾರೆ ?
  - ಮಾತನಾಡುತ್ತಾರೆ

- ಸ್ವಲ್ಪ ಸನ್ನೆ ಜೊತೆ ಮಾತನಾಡುವುದು / ಕ್ರಿಯೆಗಳನ್ನು ಸೃಷ್ಟೀಕರಿಸಲು
- ಮಾತು ಮತ್ತು ಸನ್ನೆ ಜೊತೆ ಜೊತೆಗೆ
- ಸನ್ನೆ ಮಾತ್ರ/ಮೌಖಿಕ ಭಾಷೆ ಬಳಸುತ್ತಿಲ್ಲ
- ಸಹೋದರ/ ಸಹೋದರಿಯರಿಲ್ಲ.
- 16. ಕೆಳಗೆ ತಿಳಿಸಿರುವ ಯಾವ ವಿಧಾನವು ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ ನಿಮ್ಮ ಮಗುವಿಗೆ ಸಂವಹನ ಕ್ರಿಯೆಗೆ ಉತ್ತಮವಾದ ವಿಧಾನ ಎನ್ನಿಸುತ್ತದೆ.
  - ಮಾತನಾಡುವುದು
  - ಸನ್ನೆ ಮತ್ತು ಮಾತು ಉಪಯೋಗಿಸುವುದು / ಕ್ರಿಯಾತ್ಮಕ ಸೃಷ್ಟೀಕರಣ
  - ಸನ್ನೆ ಮತ್ತು ಮಾತು
  - ಸನ್ನೆ ಮುಖ್ಯವಾಗಿ ಮಾತಿಲ್ಲದೆ
  - ದ್ವಿಭಾಷಾಬಳಕೆ ಇಂಗ್ಲಿಷ್ ಮಾತನಾಡುವುದು ಮತ್ತು ಐ.ಎಸ್.ಎಲ್ ಬಳಕೆ
- 17. ನೀವು ಸನ್ನ ಭಾಷೆಯನ್ನು ಆಯ್ಕೆ ಮಾಡಿಕೊಂಡಿದ್ದೀರಾ ಅಥವಾ ಮೌಖಿಕ ಭಾಷೆಯನ್ನು ಆಯ್ಕೆಮಾಡಿಕೊಂಡಿದ್ದೀರಾ?
- 18. ನೀವು ಹೇಗೆ ಸನ್ನೆ ಭಾಷೆಯನ್ನು ಕಲಿಯುತ್ತಿರುವಿರಿ (ಯಾವುದು ಇದಕ್ಕೆ ಸರಿ ಹೊಂದುತ್ತದೆ ಅದನ್ನು ಆರಿಸಿ)
  - ಸಲಹೆಗಾರರ ಹತ್ತಿರ ಮತ್ತು ಕಿವುಡ ಮಕ್ಕಳ ಸಂಪನ್ಮೂಲ ಶಿಕ್ಷಕರಿಂದ
  - ಕಿವುಡು ಸಂಪನ್ಮೂಲ ತಜ್ಞರ ವ್ಯಕ್ತಿಯಿಂದ
  - ಕಿವುಡರ ಸಂಘಟಣೆ / ಅಡಲ್ಟ್ ಎಜುಕೇಟರ್ ಪ್ರವೈಡರ್ ರಿಂದ ಐ.ಎಸ್.ಎಲ್ ತರಗತಿ ತೆಗೆದು ಕೊಂಡಿರುವುದು
  - ವಿಡಿಯೋ ಮತ್ತು ಆನ್ ಲೈನ್ ತರಗತಿಗಳ ಮೂಲಕ ಕಲಿತಿರುವುದು
  - ಪೋಷಕರು ಸಂಘಟಿಸಿರುವ ಪಾಠಯೋಜನೆ
  - ಡಫ್ ಅಡಲ್ಟ್ ಕಮ್ಯುನಿಟಿ ಜೊತೆ ಸೇರಿಸುತ್ತೀರಿ
  - ನಾನು ಕಿವುಡ, ಕಿವುಡ ಮನೆತನ ನನಗೆ ಐ.ಎಸ್.ಎಲ್ ಗೊತ್ತಿತ್ತು
- 19. ನೀವು ಎಷ್ಟು ಚೆನ್ನಾಗಿ ಸನ್ನೆಗಳನ್ನು ಬಳಸ ಬಲ್ಲಿರಿ?
  - ತುಂಬಾ ಚೆನ್ನಾಗಿ( ಎಲ್ಲ ಸನ್ನೆಗಳು)
  - ಚೆನ್ನಾಗಿ (ಬಹಳಷ್ಟು ಸನ್ನೆಗಳು)
  - ತಕ್ಕಮಟ್ಟಿಗೆ (ಕೆಲವು ವಸ್ತುಗಳನ್ನು ಮತ್ತು ಹೆಸರುಗಳು)
  - ಕೆಲವು (ಕೆಲವು ಸಾಮಾನ್ಯವಾದ ವಸ್ತುಗಳು ಮತ್ತು ಹೆಸರುಗಳನ್ನು ಮಾತ್ರ)
  - ತುಂಬಾ ಕಡಿಮೆ
- 20. ನೀವು ಎಷ್ಟು ಚೆನ್ನಾಗಿ ಸನ್ನೆಗಳನ್ನು ಅರ್ಥೈಸಿಕೊಳ್ಳುತ್ತೀರಾ?
  - ತುಂಬಾ ಚೆನ್ನಾಗಿ
  - ಚೆನ್ನಾಗಿ
  - ತಕ್ಕಮಟ್ಟಿಗೆ
  - ಕೆಲವು
  - ತುಂಬಾ ಕಡಿಮೆ
- 21. ನೀವು ಯಾವ ಕಾರಣಕ್ಕೋಸ್ಕರ ಮಗುವಿಗೆ ಮಾತನ್ನು ಹೇಳಿಕೊಡ ಬೇಕು, ಏಕೆ ಸನ್ನೆ ಉಪಯೋಗಿಸಬಾರದು ಎಂದು ನಿರ್ಧಾರ ತೆಗೆದುಕೊಂಡಿರಿ?
- 22. ನಿಮ್ಮ ಮಗು ಮುಂದಿನ ಯಾವುದೇ ದಿನಗಳಲ್ಲಿ ಐ.ಎಸ್.ಎಲ್ ಬಳಸಬೇಕು ಎಂದು ಆಲೋಚಿಸುತ್ತೀರಾ?
  - ಇಲ್ಲ ಎಂದಿಗು ಇಲ್ಲ
  - ಹೌದು ಒಂದೊಂದು ಸಲ
  - ಇರಬಹುದು ನಿಖರವಾಗಿ ತಿಳಿದಿರುವುದಿಲ್ಲ
- 23. ಮುಂದಿನ ದಿನಗಳಲ್ಲಿ ಶಾಲೆಯಲ್ಲಿ ಐ.ಎಸ್.ಎಲ್ ಅನ್ನು ಬಳಸುತ್ತಿದ್ದರೆ ಆ ಶಾಲೆಗೆ ನಿಮ್ಮ ಮಗುವನ್ನು ಸೇರಿಸಲು ಇಚ್ಛೆ ಪಡುತ್ತಿರಾ?
  - ಹೌದು
  - අව්
  - ಅಷ್ಟು ಸರಿಯಾಗಿ ಗೊತ್ತಿಲ್ಲ
- 24. ನಿಮ್ಮ ಮಗುವು ಇನ್ನೊಂದು ಕಿವುಡು ಮಗು / ಶ್ರವಣ ನ್ಯೂನ್ಯತೆ ಮಗುವಿನ ಜೊತೆ ಬೆರೆಯುವ ಅವಕಾಶ ಇದೆಯಾ?
  - ಹೌದು-ಯಾವಾಗಲೂ

- ಹೌದು-ಒಂದೊಂದು ಸಾರಿ
- අව්
- 25. ನಿಮ್ಮ ಮಗುವಿಗೆ ಇನ್ಯೊಬ್ಬ ಕಿವುಡರಾಗಿರುವ / ಶ್ರವಣನ್ಯೂನ್ಯತೆ ಇರುವ ದೊಡ್ಡವರ ಜೊತೆ ಮಾತನಾಡುವ ಅವಕಾಶ ಇದೆಯಾ ?
  - ಹೌದು ಯಾವಾಗಲೂ
  - ಹೌದು ಒಂದೊಂದು ಸಾರಿ
  - අව

26. ನಿಮ್ಮ ಕಿವುಡು ಮಗು ಸಾಮಾನ್ಯವಾದ ಶಾಲೆಗೆ / ಶಿಶುಪಾಲನಾ ಕೇಂದ್ರವನ್ನು ಹಾಜರಾಗುತ್ತಿದ್ದರೆ, ಅವರು ಮುಖ್ಯವಾಗಿ ಅಲ್ಲಿ ಹೇಗೆ ಸಂವಹನ ನಡೆಸುತ್ತಾರೆ?

- ಮಾತನಾಡುವುದು / ಮೌಖಿಕ ಭಾಷೆಯಲ್ಲಿ
- ಸನ್ನೆ ಭಾಷೆಯಲ್ಲಿ
- ಎರಡೂ

27. ಮಾತಿನ ಮೂಲಕ ಮತ್ತು ಸನ್ನೆಯ ಮೂಲಕ ಪಾಠ ಮಾಡುವ ಶ್ರವಣಶಾಲೆ / ಪೂರ್ವ ಶಾಲೆಯಲ್ಲಿ ನಿಮ್ಮ ಮಗುವಿಗೆ ಸಂವಹನಕ್ಕೆ ಸಿಗುವ ಅವಕಾಶದಿಂದ ನೀವು ಎಷ್ಟು ತೃಪ್ತಿ ಹೊಂದಿದ್ದೀರಿ?

- ತೃಪ್ತಿಕರ
- ಭಾಗಶಃ
- ಚಿಂತಿಸುವ ವಿಷಯ. ನನ್ನ ಮಗುವಿಗೆ ಅಲ್ಲಿ ಸಂಭಾಷಿಸುವುದು ಬಹಳ ಕಷ್ಟಕರವಾಗಿದೆ.

28. ನಿಮ್ಮ ಶ್ರವಣದೋಷವುಳ್ಳ ಮಗು ವು ನಿಮ್ಮ ಮುಂದೆ ಹೊಂದಬಹುದಾದ ಸಂಭಾಷಣೆಯ ಸಾಮರ್ಥ್ಯ ಬಗ್ಗೆ ನಿಮ್ಮ ಗುರಿಗಳ ನು ನೀವು ಸಂಕ್ಷಿಪ್ತವಾಗಿ ವಿವರಿಸಬಹುದೆ? ಉದಾಹರಣೆಗೆ ಅವರು ಇಂದಿನಿಂದ 10 ವರ್ಷಗಳಲ್ಲಿ ಮತ್ತು ವಯಸ್ಕರಾಗಿ ಇತರರೊಂದಿಗೆ ಸಂವಹನ ನಡೆಸುತ್ತಾರೆ ಎಂದು ನೀವು ಹೇಗೆ ಊಹಿಸುತ್ತೀರಿ?

- 29. ನಿಮ್ಮ ಮಗುವಿನಲ್ಲಿ ನೀವು ನೋಡಬಯಸುವ ಭಾಷಾ ಬೆಳವಣಿಗೆಗೆ ಯಾವ ವಿಷಯಗಳು ಸಹಕಾರಿಯಾಗಲಿವೆ?
- 30. ನಿಮ್ಮ ಮಗುವಿನಲ್ಲಿ ನೀವು ನೋಡಬಯಸುವ ಬೆಳವಣಿಗೆಯನ್ನು (ಭಾಷೆಯ ವಿಷಯದಲ್ಲಿ) ಸಾಧಿಸಲು ನೀವು ಅಡೆತಡೆಗಳನ್ನು ಎದುರಿಸಿದ್ದೀರಾ? ಹಾಗಿದ್ದಲ್ಲಿ ಅವುಗಳನ್ನು ಇಲ್ಲಿ ವಿವರಿಸಿರಿ.
- 31. ನಿಮ್ಮ ಸುತ್ತ ಮುತ್ತಲಿನ ಪ್ರದೇಶದಲ್ಲಿ ಕಿವುಡುತನ ಹೊಂದಿರುವ ಮಕ್ಕಳಿಗೆ ಭಾಷೆಯನ್ನು ಕಲಿಯಲು ಇರುವ ಸೌಲಭ್ಯಗಳ ಬಗ್ಗೆ ಜನರಿಗೆ ಪರಿಚಯಿಸಲು ನೀವು ಆಸಕ್ತಿ ಹೊಂದಿದ್ದೀರಾ? ಹೌದು ಎಂದಾದರೆ ದಯವಿಟ್ಟು ಸಂಕ್ಷಿಪ್ತವಾಗಿ ವಿವರಿಸಿ.