Lifetrack's Deaf Mentor Family Program

An Evaluation of the Experiences and Outcomes for Participating Families

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Acknowledgments

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The following Wilder Research staff contributed to the completion of this project:

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Executive summary

In 2015, Wilder Research was contracted by Lifetrack to evaluate the Deaf Mentor Family Program. The program matches families with young children who are deaf and hard of hearing (D/HH) with an adult who is Deaf (called a "Deaf Mentor"), who meets with the family approximately weekly over the course of two years to teach the family American Sign Language (ASL) and to help them learn about Deaf culture and other resources for their child and to support better communication among the family.

The purpose of this evaluation is to assess program outcomes and to help Lifetrack understand how to best meet the needs of these families. This evaluation will also inform Lifetrack as they expand programming to include the D/HH Role Model Program, which will serve families with children ages birth to 21 with priority placed on families with young children who are newly identified as deaf or hard of hearing. This new program will offer exposure to a variety of communication choices and represent the diversity of types of hearing loss. Lifetrack was interested in both process and outcomes evaluation for the Deaf Mentor Family Program. The process evaluation answers questions regarding the satisfaction of participating families, program reach, and barriers and challenges to participation. The outcomes evaluation addresses ASL proficiency among participating children who are D/HH, as well as how the program impacts families' communication and their awareness of Deaf culture and the Deaf community.

Currently, there are a total of 56 children currently being served by the Deaf Mentor Family Program. Of these, 34 children are hard of hearing and 18 children are Deaf. Also, there are 16 families with children who are D/HH who are currently on the waiting list to participate in the program.

Methods

Wilder collaborated with Lifetrack to develop program logic models that show the inputs, activities, and intended outcomes for families that participate in these programs. The purpose of creating two logic models is to display how the Lifetrack Deaf Mentor and D/HH Role Model Programs have evolved over time (the first model shows the current program and the second model shows the aspirations of Lifetrack for the program in the future).

Wilder also helped Lifetrack to revise and conduct a web survey of participating parents/guardians to gain a better understanding of families' overall satisfaction with the Deaf Mentor Family Program, parents' self-rated proficiency in ASL, and how families felt about other outcomes related to their child's development. A total of 28 respondents completed the survey.

Additionally, Wilder helped Lifetrack to select an ASL assessment tool to measure the ASL proficiency of children who are participating in the Deaf Mentor Family Program. Lifetrack selected the Visual Communication and Sign Language (VCSL) Checklist. Deaf Mentors administered the assessment to seven families as a pilot to see if the VCSL Checklist aligns with the program and if this assessment should be used on an ongoing basis. Wilder analyzed and interpreted the data from these assessments.

Key findings

- There is universal program satisfaction among participants: 77 percent of families said they were "very satisfied" with the program overall, with the remaining 23 percent saying they were "satisfied." All respondents said that they would recommend the Deaf Mentor Family Program to other families.
- A majority (85%) of families felt their child's quality of life had "improved" as a result of participating in the Deaf Mentor Family Program.
- Two-thirds of respondents (68%) said that communication with their child had "gotten much better."
- When asked to self-rate their own ASL skills, most parents/guardians reported that their level of ASL proficiency was "intermediate" (68%).
- Three-quarters (75%) of respondents said that ASL is a "very important" communication tool for their family.
- Nearly all (96%) received information on Deaf culture or the Deaf community during their sessions with their Deaf Mentor; of those, three-quarters (76%) found the information "very helpful." Overall, the VCSL results are not conclusive in terms of assessing participating children's ASL proficiency, because only seven assessments were collected. The reported results for these children suggest "spotty language acquisition" or "hit and miss acquisition" that typically occurs when children begin to acquire sign language later than native-signing children and are not fully immersed in a signing environment. The results suggest that the children should be tested again in three to six months.

Program challenges

- When asked about barriers to participation in the Deaf Mentor Family Program, most responded that they do not experience any barriers. However, some families cited scheduling as a barrier to participation in the Deaf Mentor Family Program**.**
- According to the Deaf Mentor Family Program Coordinator who trained the Deaf Mentors on the VCSL, administering the assessments was challenging for Deaf Mentors who did not have a background in linguistics or in ASL education.

Recommendations

Wilder offers recommendations in this report about how to improve the evaluation capacity of program staff, as well as suggested changes that could be made to the program to better meet the needs and improve outcomes for participating families.

- Lifetrack should continue to **conduct developmental, process, and or outcomes evaluations** for the Deaf Mentor and Deaf and Hard of Hearing (D/HH) Role Model Programs. In this report, we provide a framework that outlines a possible evaluation design and timeline for refining and creating tools to gather information, collecting data, and using and sharing information.
- Lifetrack should continue to **explore other ASL assessments that better align with the program and staff capacity and with the ASL curriculum being used.** Lifetrack may also want to consider an assessment tool that can be offered in multiple languages for families whose primary spoken language is Hmong, Spanish, or Somali to meet the needs of these families.
- Lifetrack should continue to **prioritize Mentor/Role Model training, staff capacity to administer assessments, and the time and resources needed** so Deaf Mentors are comfortable working with the selected tools to determine various levels of language acquisition and mastery of ASL.
- Other recommendations include: creating connections among Mentors/Role Models, creating connections between Mentors/Role Models and others in the field, hosting social events for families, and continuing to refine and follow the logic model to determine program needs, outcomes, and goals.

Introduction

In 2015, Wilder Research was contracted by Lifetrack to develop a logic model, conduct a preliminary program evaluation for their established Deaf Mentor Family Program, and to provide evaluation capacity building for both the Deaf Mentor Family Program and a newer Deaf and Hard of Hearing Role Model Program (hereafter: D/HH Role Model Program). This report describes this process and the results of the preliminary evaluation. We also provide recommendations about how to improve the evaluation capacity of program staff as well as changes that could be made to the program to better meet the needs and improve outcomes for participating children and their families.

The purpose of this evaluation is to help Lifetrack, and in particular the Deaf Mentor and D/HH Role Model Program managers, to develop and implement a sustainable evaluation plan for assessing, documenting, reporting, and using the results of evaluations for continuous program improvement, to meet funder requirements for evaluation, and to communicate with various stakeholders about the impact of these programs.

Lifetrack's Deaf Mentor and Deaf and Hard of Hearing Role Model Programs

The mission of Lifetrack is to work together to develop the strengths within children, families, and adults facing the greatest life challenges. Lifetrack achieves this work with wraparound service delivery that addresses gaps unmet by other community programs. Lifetrack employs a set of principles based on the Joint Council on Infant Hearing (JCIH) regarding healthy child and family development to guide their approach to working with children who are D/HH. These principles aim to build resources and programs that prioritize success for children, families, and communities. These principles are further supported by specific goals that consider factors of resiliency, risk reduction (e.g., formal and informal support), cultural and family values, and relationship building. More information on the JCIH guidelines can be found in the Appendix.

Lifetrack offers two programs for families with young children who are D/HH: The Deaf Mentor Family Program and the D/HH Role Model Program. Both of these programs match families with a Mentor/Role Model who shares their personal experiences with the families about being deaf or hard of hearing.

The Deaf Mentor Family Program focuses on the communication needs of families with children who are deaf and hard of hearing. This program provides families with ASL instruction, early visual communication methods, and instruction on Deaf Identity and Culture by a trained Deaf Mentor. The program lasts up to two years and can be customized according to a family's specific needs.

The Deaf Mentor Family Program uses the SKI-HI curriculum as its primary model for teaching families ASL. Deaf Mentors use other supplemental materials including *Signing Naturally* for all families and *Trilingual* for Spanish-speaking families. This program is funded by the Minnesota Department of Human Services Deaf and Hard of Hearing Services Division (DHHSD) and the Minnesota Department of Health (MDH).

A newer program, the D/HH Role Model Program, will serve families with children ages birth-21, with priority placed on families with young children who are newly diagnosed with hearing loss. This program will provide families exposure to a variety of communication and technology choices available to them such as ASL[1] and other communication modes (such as Listening and Spoken Language (LSL) or Cued Speech, either with ASL or without ASL, cochlear implants, and others). The program is being expanded to fit the needs of participants based on feedback provided by families in a needs assessment conducted by Wilder Research in 2015.[2] The D/HH Role Model Program provides an opportunity for families to engage with Role Models who represent the diversity of types of hearing loss. This is especially critical when parents first hear their child has been identified with a hearing loss so parents can gain a sense of hope and a positive vision for their child's future and success.

In addition to offering information on communication strategies, Role Models support the child and family by sharing ways to navigate common barriers, help to practice self-advocacy skills, assistance with transitional and future goals, social connections, and help for children to develop a positive sense of identity. While the Deaf Mentor Family Program may incorporate some of these elements related to communication and advocacy, the emphasis is placed on both the child and parents, plus siblings, grandparents, and other important family members learning ASL.

Lifetrack staff are also currently discussing how the Deaf Mentor Family Program Coordinator might adapt the hard of hearing curriculum for children ages 7-14 to serve families and children who use ASL and are within that age range. The original curriculum for the D/HH Role Model Program was developed in 2013 by Margaret Endress using the JCIH guidelines for mentoring children who are deaf and hard of hearing. The materials developed by Endress are considered guidelines for the program,

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[1] To start, a family may choose the D/HH Role Model Program pathway and request a Role Model who uses ASL. Internally, Lifetrack staff will triage this request to the Deaf Mentor Family Program Coordinator to provide this service through the DMFP. It is important to note the DMFP is providing Deaf Mentors (who can also serve as ASL Role Models) to families who choose ASL and would like to be a part of the D/HH Role Model Program. The D/HH Family Mentor Services Model, which illustrates this process, can be found in the Appendix.

[2] The full text of the needs assessment can be found here: http://www.lifetrack-mn.org/news/research/families-young-children-who-are-deaf-and-heard-hearing-minnesota

which spans 18 months and 12 sessions. See the Appendix for more information about the JCIH guidelines.

At present, the main source of funding for the D/HH Role Model Program is MDH. However, funding for the hard of hearing curriculum for children ages 7-14 is provided by DHHSD. While funding for the program is flexible at this point in time, these funds are still prioritized for early intervention (young children). There is a need for these services and more funding for older children and young adults up to age 21 (through transition) to help specifically with social support, self-esteem, and self-advocacy.

Other Lifetrack programs, namely Minnesota Hands & Voices' (MNHV) Parent to Parent Support Program, serve the same target population, but are not included in this program evaluation. Minnesota Hands & Voices at Lifetrack is a community of support for families with children who are deaf and hard of hearing. MNHV helps families by providing information, support, connections to other families, workshops, and networking opportunities. For this program evaluation, Wilder Research focused on the Deaf Mentor Family Program only, because the D/HH Role Model Program is still in its beginning stages and has not yet been implemented.

Program participants

Because the Deaf Mentor Family Program Coordinator updates the program's demographics on a monthly (or sometimes weekly) basis, the following demographics are current as of July 20, 2016. There are a total of 56 children currently being served by the Deaf Mentor Family Program. Of these, 34 children are hard of hearing and 18 children are Deaf. These children may become future participants of the D/HH Role Model Program. Not included in these totals are the 16 families who are currently on the waiting list to participate in the program.

Characteristics of children enrolled in Deaf Mentor Family Program in the 2015-2016 school year are presented in Figure 1. There were a total of 56 children ranging from ages 1 through 10. Half (50%) live in the metro region. White/Caucasian children comprised the largest racial/ethnic group (48%), followed by Hispanic/Latino children (16%). Over half (54%) of participating children are age 3 or younger. Please see Figure 1 below.

1. Deaf Mentor Family Program participant demographics (N=56)

	N	%
Region		
Central	11	20%
Metro	28	50%
Northeast	7	13%
Northwest	2	4%
South	8	14%
Gender		
Male	27	48%
Female	29	52%
Age in years		
0-3	30	54%
4-6	19	34%
7-9	5	9%
10 and older	2	4%

1. Deaf Mentor Family Program participant demographics, continued (N=56)

	N	%
Hearing Loss Status		
Deaf	18	32%
Hard of Hearing	28	50%
Deaf or Hard of Hearing with co-occurring disabilities*	7	13%
Other**	3	5%
Race/Ethnicity		
African-American/Black/Asian	8	14%
Hispanic/Latino	9	16%
White	27	48%
Two or more races	5	9%
Unknown	7	13%
Primary Language		
English	41	73%
Spanish	7	13%
Other languages***	8	14%

**Co-occurring disabilities include Deaf Plus (Tri3), down syndrome, and developmental disability (unspecified)*

***Other includes Deafblind and CHARGE syndrome*

****Other languages include Somali, Oromo, and Hmong*

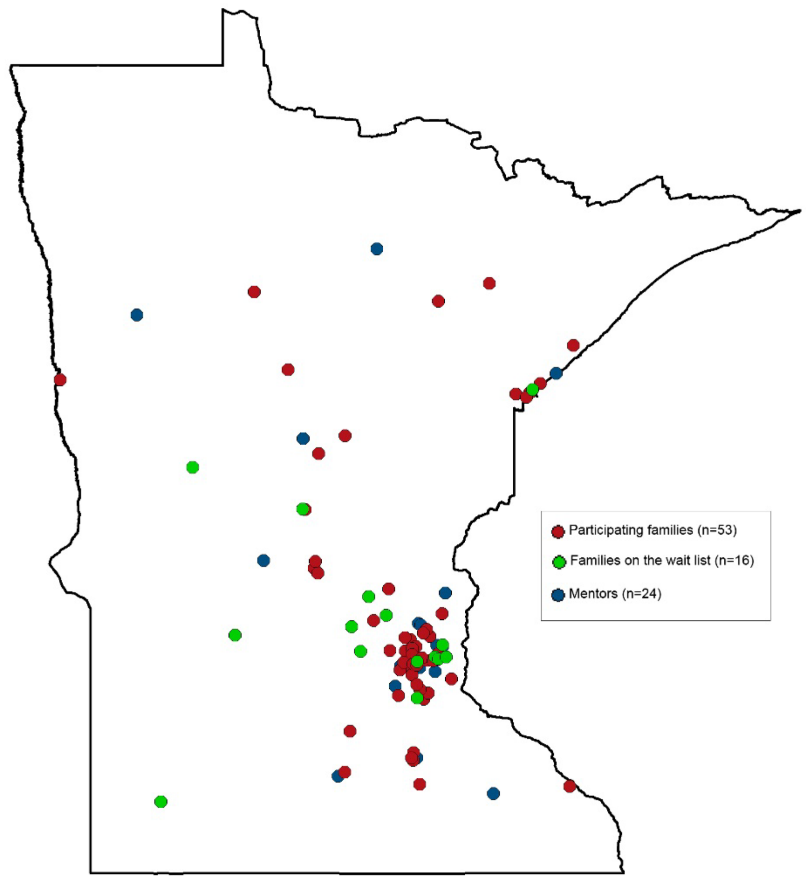
Location of families served by Lifetrack

- Half (50%) of the families served by the Deaf Mentor Family Program are located in the Metro area. Twenty percent are located in the Central region of Minnesota. The rest of the families are located in the Northeast, Northwest, and South regions.
- Additionally, Lifetrack served a few families in the pilot D/HH Role Model Program who lived in the Twin Cities and the South region.
- The programs are offered to families across Minnesota, therefore Deaf Mentors live in all regions (designated by Lifetrack as Northwest, Northeast, Metro, and South) and range in experience from one to five years in their role.

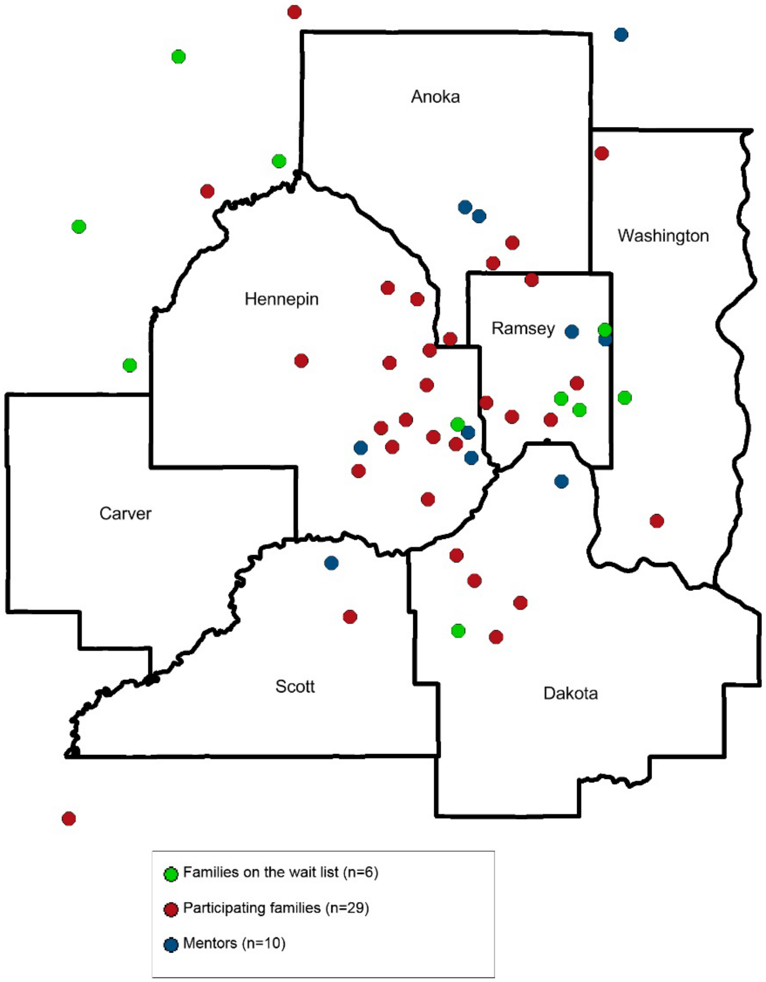
See Figure 2 for a map of participating family and Deaf Mentor locations across the state of Minnesota.

2. Map of Deaf Mentor Family Program participant and Mentor locations

Minnesota



Twin Cities



Methods

In order to conduct a preliminary evaluation for Lifetrack's Deaf Mentor Family Program, Wilder Research worked in collaboration with Lifetrack staff to create two logic models--one for the Deaf Mentor Family Program as it is now, and another to represent the aspirations of the Deaf Mentor Family Program and D/HH Role Model Program. The rationale for developing two logic models is to document the difference between the two programs and also to reflect organizational changes as the Deaf Mentor Family Program expands to include the D/HH Role Model Program.

In January 2016, Wilder staff worked with the Deaf Mentor Family Program Coordinator, the D/HH Role Model Program Coordinator, and Lifetrack's director of Education Services to draft an initial logic model for the Deaf Mentor Family Program. In February 2016, Wilder staff presented the draft logic model to 20 Deaf Mentors and revised the logic model based on their feedback. We also incorporated findings from a literature review of similar programs that had documented participant outcomes.

Using the Deaf Mentor Family Program logic model as a guide, Wilder staff worked in collaboration with Lifetrack staff to design a second logic model to reflect the aspirations of the Deaf Mentor and D/HH Role Model Programs. Lifetrack staff and Wilder recommended specific inputs, activities, outputs, short-term outcomes, intermediate outcomes, and long term outcomes for the "new and improved" program, in part based on the results from this preliminary evaluation (findings and program recommendations provided below).

Parent survey

Lifetrack staff administers a web survey to Deaf Mentor Family Program participants annually. All Deaf Mentor Family Program participants (parents/guardians) were invited to complete the survey via email in April 2016. A total of 28 respondents completed the survey. The survey asked how families felt about their own ASL skills as well as intermediate outcomes of the program with respect to their child's development. Families also responded to questions about the program itself, specifically communication with their Mentor and the Deaf Mentor Family Program Coordinator.

American Sign Language assessments

Taking into consideration the Deaf Mentor Family Program's structure and needs, Wilder Research conducted a field scan of available ASL assessment tools that could be used by Deaf Mentors to assess the ASL proficiency of participating children and their parents/guardians at baseline, and every 3-6 months thereafter.

The criteria we used to identify ASL assessment tools for further consideration include:

- Aspects of ASL skills being tested
- Age appropriateness
- Cost and time to administer
- Training requirements for assessors
- Research base (validity, reliability, etc.)

Among the various assessments included in the field scan, Wilder Research narrowed the group to three tools that were deemed to be both appropriate for the Deaf Mentor Family Program structure as well as feasible to implement in the timeframe we had available during the evaluation. The following assessment tools were considered:

- The MacArthur Communicative Development Inventory for American Sign Language (ASL-CDI): measures early vocabulary development, including beginning grammar; for children age 8-36 months
- The Visual Communication and Sign Language (VCSL) Checklist: measures general acquisition and designed to identify strengths, weaknesses, and gaps in development; for children age birth to five
- SKI-HI Language Development Scale Instruction Manual: measures mastery of SKI-HI curriculum through receptive and expressive language skills; for children age birth to five

Based on the feasibility of each assessment, the VCSL was chosen due to its applicability to the Deaf Mentor Family Program and match to the age range of children served, as well as the rigor with which it was developed; the tool itself went through several phases of testing for establishing standardization. The creators of the tool worked with Gallaudet University's Science of Learning Center on Visual Languages and Visual Learning during development as well as investigation of the tool's "reliability, validity, and efficacy of the milestones on each of the checklists" (Simms, Baker, & Clark, 2013, p. 103). In addition, the actual administration of the tool was brief enough to be considered feasible to incorporate into regular mentoring sessions. According to the creators of the VCSL, it was designed to be "accessible to parents and teachers, not just specialists and experts" (Simms, Baker, & Clark 2013, p. 103), thus making it a good fit for the Deaf Mentor Family Program.

Actual administration of the VCSL involves determining the child's basal age through the checklist and matching this number with a chronological age using a table provided by the tool. This allows the assessment administrator to better understand whether or not a child is developing appropriately in their visual language, as well as gauge any gaps in understanding or knowledge.

Once the tool was selected, the Deaf Mentor Family Program Coordinator completed online training from staff at Gallaudet University, who developed the tool, and used this knowledge and the slides that were provided to train a small group of Deaf Mentors. Because of the short timeline for this preliminary evaluation, the training and initial phase of usage for the VCSL was determined to be a pilot test of the tool, rather than an attempt to gather complete baseline and follow-up data from all participating children.

Logic model

Purpose and benefits of logic models

The purpose of a logic model is to provide program staff, leaders, and stakeholders with a road map describing the sequence of related events connecting the planned program (inputs, activities, and outputs) with the program's desired results (short-term, intermediate, and long-term outcomes). Mapping a proposed program helps an organization to visualize and understand how human and financial investments can contribute to achieving intended program goals and can lead to program improvements. A logic model lets stakeholders try an idea on for size and apply theories to a model or picture of how the program would function (W.K. Kellogg Foundation, 2004, p. 3).

Benefits to developing a logic model are numerous. Developing a logic model can help to identify opportunities for program changes and improvements, help an organization to articulate the alignment of program activities and outcomes, promote the use of evidence-based thinking in program management and evaluation, and increase understanding of how the program works by clarifying a sequence of events from inputs, activities, and outputs through outcomes. Logic models also help to educate program leaders, staff, other stakeholders, and funders about the program regarding realistic expectations.

Logic models can be used to describe the new, expanded Lifetrack program to current or potential funders and illustrate the new program's approach to staff and stakeholders, as well as current and potential participants. The logic model can also be incorporated into training new staff about the program theory and approach and facilitate program management. Logic models also help program managers to keep programs "in line" by providing a framework for ongoing comparison of the intended versus actual service delivery. Lifetrack's logic model could also be used as a basis for developing and designing evaluations to measure program processes and outcomes.

Ultimately, an organizational logic model provides guidance regarding the most important programmatic outcomes to measure. Lifetrack's logic model will also help to ensure the Deaf Mentor Family Program and D/HH Role Model Program are working toward, and tracking progress on, the same ultimate goals (i.e., to ensure that programs are aligned with and in support of the mission).

In addition, Lifetrack developed a Service Model, which serves as a visual companion to their logic models. This Service Model will help program participants, staff, funders, and other stakeholders envision the different paths that families can take when they choose to participate in the program. It also illustrates the dual role of language educator and role model that is carried out by Lifetrack's Deaf Mentors and D/HH Role Models.

In the future, all evaluation efforts should align with Lifetrack's logic model to measure the outcomes of the Deaf Mentor Family Program and D/HH Role Model Program's impact on families and children who are D/HH. The full text for the Deaf Mentor Family Program logic model and the D/HH Role Model Program logic model can be found in the Appendix.

Participant experiences and outcomes

Overall satisfaction with the Deaf Mentor Family Program

Based on a web survey conducted by Lifetrack with program participants (parents/guardians), responses indicate that there is universal satisfaction with the program: 77 percent of families said they were "very satisfied" with the program overall, with the remaining 23 percent saying they were "satisfied." Also, 100 percent of respondents said that they would recommend the Deaf Mentor Family Program to other families with children who are D/HH.

Survey participants also responded positively when they were asked about the main benefits derived from participation in the Deaf Mentor Family Program. The benefit most often cited was improved communication (n=15), followed by access to a positive role model and connection to the Deaf community (n=6).

Further, when directly asked about how the program impacted their family's communication, most respondents said that communication with their child had "gotten much better" (68%). Families overwhelmingly responded that they felt their child's quality of life had improved as a result of participating in the Deaf Mentor Family Program (85%). When asked to further explain what had improved, families responded that simply the *ability* to communicate was the most positive outcome (n=16). Some participants also noted that they felt more connected to their child (n=6), noticed an increase in their child's vocabulary (n=4), and that their child was experiencing reduced frustration (n=3) due to improved communication:

> *Seeing a smart, functional, successful deaf person [sic] is really important to reduce fears or stereotypes to the family and their network. It gives a good role model for our child. It provided us direction and action in times of uncertainty. We knew regardless of what mode of communication he might have in the future, he would have ASL for sure! It was a positive, encouraging person making us feel we were making the best, educated decisions.*
>
> *I'm excited that [our child] gets to grow up knowing someone who is successful AND deaf. For ourselves, being in the program has opened our eyes to the Deaf community and culture and has allowed us to see all that is available for our child and realize that being deaf is not a disability.*

These positive experiences with adults who are deaf and with the Deaf community help to bolster both the child's own confidence in their ability to lead a successful life, but also contributes to the parents' hopefulness about their child's future. This theme of self-confidence and hopefulness for children and parents arising out of a positive mentoring relationship with an adult who is D/HH was also a key finding in Wilder's earlier needs assessment with Lifetrack.

It is evident that survey participants were overall quite satisfied with the program. However, there are some barriers to participation that were reported in an open-ended question on the parent survey. For example, some families mentioned scheduling their mentoring sessions with their Deaf Mentor as a barrier to participation (n=5), and other families noted health issues or illness among their family members as a barrier (n=3), though many responded that they do not experience any barriers to participation (n=8).

Communications from the Deaf Mentor Family Program and staff

Perhaps due in part to the high overall satisfaction with the program, most families (73%) reported that they only needed to be in touch with the Deaf Mentor Family Program Coordinator if there was a concern; 15 percent would like to check in once a month; and 12 percent were interested in more regular check-ins (once a week or every other week).

Additionally, the responses to two questions about the Deaf Mentors indicated that families felt positively about their mentor and the relationship they had developed. They felt that communication and instructions were clear (65% said "all of the time" and 35% said "most of the time") and that the schedule kept by the Deaf Mentor met their needs (73% said "all of the time" and 23% said "most of the time").

Resources and information gained

Deaf community and culture

As noted above, many participating families appreciated being connected to the Deaf community via their Deaf Mentor, and mentioned this as a key program benefit. Among the families surveyed, 96 percent received information about Deaf culture or the Deaf community during their sessions with their Deaf Mentor; of those, 76 percent found the information "very helpful" and 24 percent found it "somewhat helpful."

Resources and additional information and support

Many types of resources can be used or made available by the Deaf Mentors. The survey asked families to identify which resources were a part of the sessions with their Deaf Mentor. Families were asked about each of the following types of information, and if they indicated that it was part of their sessions, they were then asked to what degree the information was helpful. Figure 3 displays the participant responses on these various resources.

3. Resources used by Deaf Mentors in program sessions

Did the Deaf Mentor share information about…?	Yes	(Of those who said "yes") Did you find the information…? Very helpful	Somewhat helpful	Not helpful
Minnesota Hands and Voices (MNHV)	75%	61%	39%	0%
Technology to help your child communicate	65%	65%	35%	0%
ASL classes in the community	54%	43%	48%	10%
Interpreter services	38%	100%	0%	0%

Most families were made aware of Minnesota Hands and Voices (MNHV), another program provided by Lifetrack, and found the information helpful. Fewer respondents indicated that their Deaf Mentor had shared information about either technology that could help their child communicate or about opportunities to take ASL classes in the community, though those who did receive this information found it helpful. One notable finding was that while just 38 percent of families received information about interpreter services, 100 percent of those families found the information "very helpful." In response to an open-ended question, 85 percent of participants indicated that their Deaf Mentor shared information on topics other than those asked above. These topics were grouped into three areas: Deaf culture, community, and events (n=9), information regarding their child's education (n=5), and other sources of information (n=7).

When asked specifically about the frequency with which their Deaf Mentor used library materials or other resources as teaching tools, just 19 percent said their Deaf Mentor used these materials "all the time," 35 percent said "most of the time," and 42 percent said "some of the time." A majority (88%) of respondents whose Deaf Mentor used those materials in some capacity found them to be "very helpful" (12 percent said they were "somewhat helpful").

Learning American Sign Language (ASL)

ASL skills of Deaf Mentor Family Program participants

As a key intended outcome of the Deaf Mentor Family Program, it is critical that program participants experience improvements in their ASL skills and fluency. Parents and guardians of children who are D/HH were asked to self-report their current ASL skill level on a five-point scale ranging from survival signs only to ASL fluency. Over one-quarter (29%) of respondents shared that their ASL proficiency level was novice, meaning that they know vocabulary signs, but they are not sure how to put this vocabulary into sentences.

Most participants said their level of ASL proficiency was “intermediate” (68%), which is the middle rating. Very few (4%) said they knew only survival signs. While none of the respondents reported advanced knowledge of ASL (noted in the survey as either advanced or fluent in ASL), the majority of respondents said that ASL was a “very important” communication tool for their family (75%); only one respondent said it was “not important.”

Parents who participated in the web survey described the benefits to their families that were derived from the ability to communicate clearly:

> *We feel like we are more connected with our son.*
>
> *We’re able to better communicate with our deaf child [sic]! He gets frustrated always having to read lips, so this has been a huge blessing for us.*
>
> *It has allowed our son to communicate his basic needs to us which I feel reduces his level of frustration.*

In addition to asking parents to self-report on their ASL skills, offering a more formal assessment of ASL skills and changes over time allows both Deaf Mentors and participating families to gain a more concrete understanding of the impact of the program, as well as helping the Deaf Mentor to target their efforts toward areas where skills are needing the most improvement.

ASL assessment results

This section presents children’s ASL assessment results. In April - May 2016, Deaf Mentor Family Program staff administered the Visual Communication and Sign Language (VCSL) Checklist. The VCSL measures general language acquisition and has a focus on identifying strengths, weaknesses, and gaps in language development. The tool is designed for children ages birth to five years old. The VCSL Checklist items were grouped by developmental age: birth to 12 months, one to two years, two years to three years, three years to four years, and four years to five years. Each item was rated as “not yet emerging,” “emerging,” “inconsistent use,” or “mastered.”

Seven individual children who have been participating in the Deaf Mentor Family Program were assessed one-on-one by their Deaf Mentor at home. These children ranged in age from 11 months to 7 years. (Important note: The tool is intended for use with children birth to age 5.) During the process of administering the assessments, the Deaf Mentors also noted that two of the children who were assessed may have additional issues or disabilities that could impact language and communication development.

This is the first time that VCSL Checklist was used by the Deaf Mentor Family Program. Results are not conclusive because only seven assessments were collected (out of 56 children in the program, including 46 children ages five and under). The Deaf Mentors who administered the assessments could not establish basal and/or ceiling scores for six of the seven assessments.[3] The results for these children suggest "spotty language acquisition" or "hit and miss acquisition" that typically occurs when children begin to acquire ASL later than native-signing children and are not fully immersed in the signing environment. The scoring results indicate that the children should be tested again in three to six months.

The initial assessments that were administered by the Deaf Mentors and the feedback from the Deaf Mentors who participated in this pilot assessment process, plus input form the Program Coordinators all indicates that more support is needed for the Deaf Mentors to be able to participate in the assessment process going forward, especially for those who did not have a background in linguistics or in ASL education.

Additional program needs

The most commonly reported desire for additional activities or support was educational opportunities, and in particular access to ASL classes:

> *After we 'graduate' what do we do? We are not very proficient and will fall behind as our daughter learns more.*
>
> *We will soon be ending the Deaf Mentor Family Program due to meeting the max amount of visits allotted. I feel that my signing has greatly improved, but I am by no means close to being fluent…I am very thankful for the time that we have been allowed to have with the Deaf Mentor Family Program, but am very concerned about the ability to communicate with my child as he grows.*

Of respondents who indicated other topics they would like to hear about from their Deaf Mentor, several respondents (n=4) said that they would like to learn more about ways to use and improve their ASL skills. This desire was again emphasized in a final open-ended comment option at the end of the survey in which five respondents noted that they would like more ways to practice and learn ASL.

Families also wanted ways to practice new skills (n=10) and expressed interest in other opportunities for social connections (n=8). This is consistent with our findings from the 2015 needs assessment for Lifetrack, which indicates a strong desire among families for facilitated social networking through events or other connections with families who have children who are D/HH, as well as with the Deaf community.

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[3] A child should have mastered 10 items in the row to get a basal score and failed 10 items (rated as "not yet emerging") in the row to reach the ceiling score.

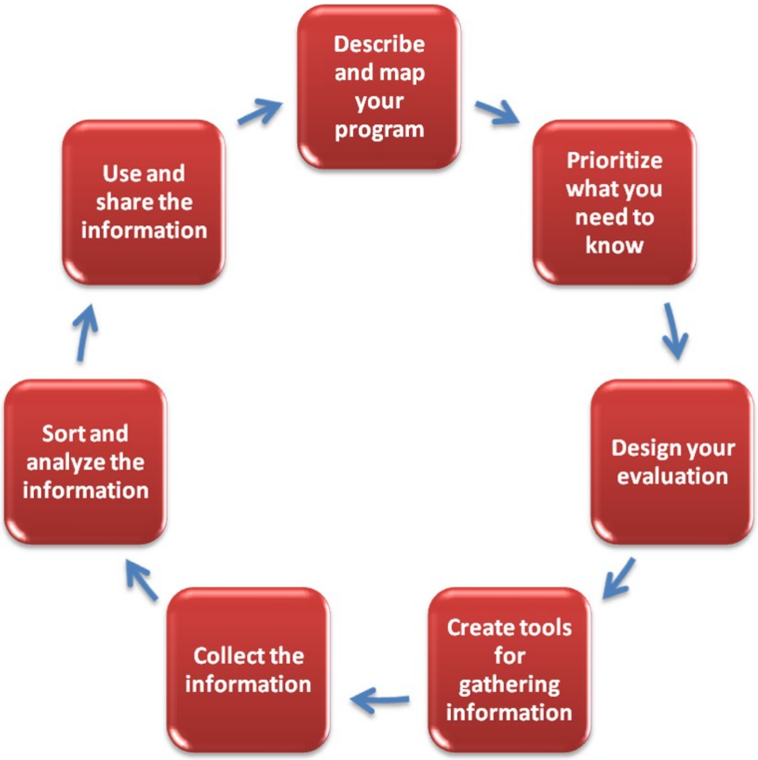
Recommendations

Overall, mentoring programs are broadly recognized by parents, adults who are D/HH, and experts as a critical component of the early intervention services and supports offered to families with young children who are deaf or hard of hearing (D/HH). Like many programs around the U.S., Lifetrack's Deaf Mentor Family Program is designed specifically to teach children and families American Sign Language (ASL) and learn about Deaf culture. Lifetrack's corollary program, the D/HH Role Model Program, is currently being piloted as an option for families with older children and/or families that have chosen to not learn ASL.

Evaluation capacity building recommendations

As a part of their overall vision, Lifetrack will continue to conduct developmental, process, and outcomes evaluations for the Deaf Mentor Family Program and D/HH Role Model Programs. We recommend that Lifetrack use the evaluation framework outlined in the graphic below to conduct evaluations and subsequently use those evaluations to continually modify programs and communicate with stakeholders. See Figure 4 below for a description of the life cycle of an evaluation.

4. Life cycle of an evaluation



Design and map the program (logic model). As previously mentioned, Lifetrack and Wilder Research staff created a program logic model to describe and map the program inputs, outputs, activities, and outcomes. Lifetrack should treat their logic model as a "living document" and review it annually to ensure that it is still aligned with programmatic priorities, goals, organizational mission, and vision. Lifetrack should consider sharing the logic model when applying for grants as a way to demonstrate evaluative thinking and to indicate how Lifetrack intends to achieve its goals and how outcomes are measured. Lifetrack should also consider sharing the logic model with program participants and staff to familiarize them with the program, show the overall goals of the program, and give them an idea of how the programs may evolve over time. Finally, the tool can be shared with organizational leadership for communication purposes.

Prioritize and create tools for gathering information. Lifetrack should continue to prioritize which evaluative information to gather. Lifetrack already has a few tools available to use. We recommend Lifetrack review the parent survey and the Excel spreadsheets/or database used to keep track of participants on a yearly basis to determine if the types of questions being asked and data being collected are being used and make sense for the program and organization. If any data points are not being used, we encourage Lifetrack to eliminate these aspects from the survey or database and only collect data points that are used and relevant. The ASL assessments are another data source which is discussed in more detail below.

Design the evaluation plan. In the program logic model, Lifetrack listed developmental evaluation for new program components; process evaluation to understand the experiences with and satisfaction of mentors, families, other program partners and stakeholders; and outcome evaluation to measure changes in acquired language skills, identity, and connections as a result of the program. Lifetrack should consider using the basic evaluation plan outlined in the Appendix (Figure A1) as a roadmap to complete this step in the evaluation process.

When updating the evaluation plan and reporting the results of evaluations, Lifetrack should be sure to include advisory board members, staff, Deaf Mentors and D/HH Role Models, and other stakeholders in the process. This will help to ensure that any evaluation done by the organization is ethical and measures outcomes that are in line with community values and useful for the community at large.

Collect the information. As mentioned above, Lifetrack currently has a survey instrument for collecting information from participating families about their experiences and satisfaction with the program, as well as their self-reported ASL proficiency. Lifetrack will also be collecting information using an ASL assessment to measure changes in parents' and other family members' ASL skills over time. Lifetrack could also consider other methods of data collection to enhance any forthcoming evaluations. These methods include:

- One-on-one interviews with parents
- Focus groups with parents
- Interviews or surveys with Deaf Mentors and other Lifetrack staff
- Interviews with other key stakeholders
- Follow up surveys and interviews for program alumni

Interviews and focus groups are especially helpful if Lifetrack would like more qualitative data, or stories from families, staff, mentors, or stakeholders.

Lifetrack will continue to use Excel spreadsheets to keep track of participant contact and demographic information, service delivery and case planning records, and ASL assessment scores.

Participant record keeping

Currently, most Deaf Mentors record the lesson titles for each session, special topics in signing, and Deaf culture that they provide to each participating family at each session in an Excel spreadsheet. Some Deaf Mentors provide notes and information on other activities and include reasons why families missed a session and when they rescheduled. Family demographic information is documented in a separate Excel spreadsheet. Below are some recommendations for improving each of these spreadsheets.

Case planning spreadsheet. Although it is important to see where families are in the curriculum, Deaf Mentors should consider adding more detailed case notes to track progress and measure outcomes. Using case notes will provide qualitative data about families' experiences with the program that Lifetrack can use when applying for grants and funding. Some suggestions for recording more detailed case notes include:

- Notes about progress made from the previous session, anecdotal information about how quickly the families are picking up the current lesson, and whether or not there is a need to review any previous lessons or supplemental materials

- Documentation about the extent to which families have practiced outside of regular sessions with their Deaf Mentor
- Recommended strategies or activities to help families to improve, feedback from families on whether or not they have used these strategies, and the degree of success or challenges of these suggested strategies
- Social events and play dates that families have participated in, and feedback from families on whether or not they found these enjoyable or useful
- Any deviations from the curriculum and rationale
- Consistent documentation of any missed sessions and rationale
- Adding fields for ASL assessment scores: one field for the overall scores, and fields for subscale scores (if applicable) for each time the family takes an ASL assessment
- Ratings on key survey items from families

Lifetrack should also ensure that Deaf Mentors are accurately recording start dates in the program, how long the family is in the program, if the family is still engaged in the program (i.e., if families keep their appointments or are missing appointments without providing a reason), possible solutions to get the family to re-engage with the program and whether or not these were successful, and to what degree families would like to continue with the program (or may need other support services) after it has ended.

Demographics spreadsheet. Lifetrack should continue to track demographics for program participants. A few fields Lifetrack should consider adding to their spreadsheet to get a more accurate picture of program participants include primary language spoken at home, parental first language, how long it was between the initial inquiry and the first meeting date, and whether or not a family was previously on the waitlist and how long they were on it before entering the program. The last two suggested fields will track responsiveness to families and how long families have had to wait between first inquiry and first meeting. For the D/HH Role Model Program, Lifetrack should also consider adding a field for assistive technologies that are used by the families.

Lifetrack staff should incorporate the demographics and case planning spreadsheets into the D/HH Role Model Program Excel database in the short-term in order to keep all records in one place. This will increase ease of data entry and accuracy and decrease staff time, as data would not have to be entered and checked in multiple locations.

Wilder also recommends that the Deaf Mentors and Role Models receive training on how to consistently enter case notes and other information into the Excel spreadsheet. A tip sheet with specific examples could be provided by the program coordinators on how to appropriately enter and keep track of case notes for each field. Ideally, this tip sheet would be provided after the new Excel spreadsheet with the expanded number of fields has been created and finalized.

Using a database

Lifetrack should consider a database to store all of their participant records, survey results, and ASL assessment scores to keep information in one place and allow for ease in reporting on the Deaf Mentor Family Program and the D/HH Role Model Program.

Currently, Lifetrack uses Welligent, an electronic medical record system, to track program participants and their information and an Excel spreadsheet to track family progress. However, Lifetrack staff feel that in its current form, Welligent is not useful for the purposes of the Deaf Mentor Family Program and the D/HH Role Model Program. In order to maintain and use data, Lifetrack could consider the following options to create a database that would work for their purposes:

Option 1: Continue to use and modify the Excel spreadsheet. In the short term, Lifetrack should continue to use the Excel spreadsheets applying suggestions outlined in the Participant Record Keeping section above.

As Lifetrack's programs continue to evolve, staff should re-examine the Excel spreadsheet once per year to make sure that it continues to be useful in measuring outcomes. Lifetrack staff should not only add new fields to the Excel spreadsheet that make sense, but ask themselves if they are using each and every report component in some way. If Lifetrack staff are not using a certain component of the data set, that it should be removed from the spreadsheet and no longer measured.

We strongly recommend that Lifetrack assign data entry tasks (i.e., ASL assessment scores, case notes) to an intern or another administrative staff member, with the Deaf Mentor Family Program Coordinator performing quality control checks on approximately 5 to 10 percent of everything that is entered (or more if needed) to ensure that the data are correct. Lifetrack should delegate the responsibilities of data entry, checking data, and preparing summary reports to one individual in order to track overall progress and outcomes. This will simplify the process and reduce staff time and errors.

Option 2: Better utilize Welligent to meet program needs. Lifetrack could discuss database and reporting customization with Welligent to see if the platform can be used for the Deaf Mentor Family Program (i.e., adding fields for ASL assessment scores, case notes from instructors, etc.) Additionally, the platform should allow D/HH Role Model and Mentor staff the ability to access customized reports based on these fields. This may take some finesse with Welligent and/or Lifetrack's database administrators, but since it is the data system that Lifetrack is already using, it might be worth it to see if Welligent can meet the program's needs. By better utilizing Welligent for program evaluation purposes, staff would avoid double entry into separate databases, thus saving time and money.

Option 3: Build a database from scratch. Lifetrack could explore other databases that would meet your reporting, case management, and evaluation needs. Vendors that work with web applications such as QuickBase or web developers like The Nerdery offer customized databases. It will cost additional money, but with more families entering the program and the need to keep track of and measure outcomes for each, a customized database could be worth the additional upfront cost in the long run. Working with the database vendor, Lifetrack could customize reports to save time and resources in analyzing data. Role Models and Mentors should have access to pull reports for case management purposes and program leadership should be able to use it to readily generate reports that could be useful in grant applications, board reports, etc.

Lifetrack could also explore using Microsoft Access to track program participants. Lifetrack staff would be able to pull reports to view outcomes and for funders using this system. Access is effective, but it does have a bit of a learning curve and may be a cheaper option than building a database from scratch.

Conducting and using assessment results

The Deaf Mentor Family Program should choose an ASL assessment that aligns with the curriculum and is appropriate for the children and families in the program. This would specifically involve adding a tool that would allow the ASL skills of parents and other family members to be assessed. Additionally, here are a few recommendations to improve the administration and use of an ASL assessment:

- Deaf Mentors receive more training from a certified assessor on how to administer the assessment (e.g., how to establish basal and ceiling scores) as well as more time to practice, or alternatively have certified assessor(s) conduct all of the program assessments.

- Establish inter-rater reliability between the certified assessor and the rest of the assessors, and/or among the assessors.

- Staff understand the limitation of the assessment and how to make adjustments for families who do not speak English as their first language, or children with other special needs (e.g., use other tools for these children or modify the ASL assessment, if appropriate, or supplement it with other assessments from schools or other programs that the children also attend).

- Staff understand how to use the results to improve children's ASL acquisition (e.g., for communication, grammatical structure, etc.) In future trainings, the Deaf Mentor Family Program Coordinator suggested that more extensive study and discussion of terminology used in the assessment tool may be beneficial. In particular, staff needed more training on how to establish basal or ceiling scores.

The following sections delve more deeply into the recommendations mentioned above.

Purpose of ASL assessments

It is important that Deaf Mentors are aware of the purpose of conducting the ASL assessments and how it helps them in their work with planning family lessons, finding where families are succeeding and where they need more help, and customizing the program to meet a family's needs. Lifetrack staff should continue to assert the importance of using an ASL assessment and how this will help them, their families, and the organization in the long run. Using ASL assessments not only aids in case planning and program customization, it helps Lifetrack to measure outcomes of the Deaf Mentor Family Program. These outcomes can potentially be shared with funders when applying for additional grants.

Moving forward, Lifetrack should also drill down into ASL assessment results in order for Deaf Mentors to customize the program for each child and family, and to better understand which children are experiencing challenges and in what areas. Based on these results, Deaf Mentors could also recommend additional resources for families based on the ASL assessment scores, such as supplemental ASL classes outside of time with the Deaf Mentor, play dates and other social events, identifying additional support for children who may have co-occurring disabilities, and other strategies that contribute to family success.

Lifetrack could also use the ASL assessment results to refine the overall Deaf Mentor curriculum content, order, and delivery. In order to refine the curriculum, Deaf Mentors should plan to use and discuss assessment results in Deaf Mentor meetings and training sessions and plan to focus on specific areas of the curriculum that need to be applied differently to get the desired results, extra resources that can be used to address certain deficits observed with the assessment results, and any other ways to modify the curriculum as the program changes over time.

Selecting and training on ASL assessments

During this evaluation, Lifetrack used the VCSL assessment to measure outcomes. However, after piloting the VCSL with seven families, Lifetrack staff are unsure if this tool is a good fit for the program and are concerned that it is too intensive and does not align with the program. Lifetrack should continue to explore other types of assessment tools that will serve these programs best. The closer the ASL assessment tool aligns with Lifetrack's curriculums, the more likely it is that Lifetrack will see improvement over time.

Given that not all Deaf Mentors have had experience with conducting assessments, it is crucial that those that are assigned to conduct ASL assessments receive proper training and support from Lifetrack. Moving forward, Lifetrack should decide which Deaf Mentors should conduct ASL assessments. Below are a few options that Lifetrack could explore:

Option 1: Consider **having at least one Deaf Mentor from each region trained on completing ASL assessments with families**. The strengths of selecting this option are that the Deaf Mentors who would be conducting the assessments might have a more impartial view of families (especially those that they are not working with directly as their Mentor), which could potentially lead to more accurate data collection. Lifetrack could also select those Deaf Mentors who have a knowledge of or previous experience with ASL testing or assessments and/or a particular interest in doing these assessments. This could also be beneficial as Lifetrack would not have to train as many Deaf Mentors on the ASL assessment tool and how to conduct assessments, thus saving resources.

One challenge to selecting this option is that families might not be comfortable taking the assessment with someone who is not their family's regular Deaf Mentor.

Option 2: All Deaf Mentors conduct ASL assessments with the families they work with. The strengths of selecting this option are that Mentors know families and their dynamics best and already have an established rapport with them. Logistically, scheduling may be easier since the Mentor already has regularly scheduled visits with the family and could administer the ASL assessment during one of these visits.

The challenges to selecting this option include: it may be more difficult for the Deaf Mentor to be impartial when evaluating families they work with directly; all Mentors would have to be trained on the selected ASL assessment tool and complete inter-rater reliability; and Mentors who are not familiar with conducting ASL assessments might need extra training or support to be comfortable with the process.

Inter-rater reliability testing for ASL assessments. In order to train Deaf Mentors to administer ASL assessments and to ensure that the tool is being used correctly, Lifetrack should consider an inter-rater reliability testing method. This would involve pairing up a Deaf Mentor who is experienced in conducting the chosen ASL assessment and another Deaf Mentor who is newer and less experienced. To start, the newer Deaf Mentor would observe the more experienced Deaf Mentor conduct an ASL assessment with family members, friends, other Deaf Mentors, or Lifetrack employees who are familiar with ASL. Lifetrack could then ask the newer Deaf Mentors to practice giving the ASL assessment to each other a few times before they administer an ASL assessment.

After practicing a few times with the more experienced Deaf Mentor, their families, friends, and fellow mentors, or volunteers from Lifetrack's new ASL classes, the Deaf Mentors would compare scores (the experienced versus newer Deaf Mentors) during a "test ASL assessment" to see if they are matching or closely matching. If scores are matching or closely matched, the newer Deaf Mentor is certified to perform ASL assessments on their own with families. If the newer Deaf Mentor is still struggling, additional practice would be suggested until they are ready to perform another test ASL assessment with an experienced Deaf Mentor. An inter-rater reliability test could also be incorporated into the new ASL classes provided by Lifetrack. For instance, Lifetrack staff could ask for volunteers from the class to take a practice ASL assessment with the newer Deaf Mentors.

Additionally, the experienced Deaf Mentors would make suggestions for changes in the new Deaf Mentors testing administration style and any other ways to improve. Newer Deaf Mentors could also check in with experienced Deaf Mentors with questions as they prepare for and complete their first solo assessment. They could also debrief on any assessments they have conducted, ask about "judgement calls," or anything else that may be important when conducting assessments. Deaf Mentors should be encouraged to check in with one another regularly to see how assessments are going and share any useful strategies that may help in working with families.

Training on use of ASL assessment results and/or individual question results for case planning. Based on ASL assessment results, Deaf Mentors should highlight areas where families are doing well and areas where they are falling short. The Deaf Mentor Family Program can be customized to each family based on their results and Deaf Mentors can use the following strategies using the ASL assessment results to do so:

- Deaf mentors can spend more time on areas where families are struggling and recommend activities, games, and field trips that will help to bolster families' knowledge in vocabulary and grammar

- Deaf Mentors could also consider skipping areas of the curriculum where families are scoring high in the ASL assessment in order to focus on areas where they are struggling. For parents and caregivers, the Deaf Mentor could recommend additional ASL classes if they feel they are needed, or if the parent wants to continue taking ASL classes on their own for additional support based on assessment results.
- Deaf Mentors could view scores of individual questions and see where families appear to be struggling the most and plan a play date with families who have similar scores to help them work on these specific problem areas together. For example, if many families are struggling with animal signage and vocabulary, the Deaf Mentors could organize a play date to the zoo to help families learn more about animal signs or vocabulary.

Consent process for the VCSL. The consent process for the VCSL is online. Deaf Mentors have previously mentioned that it is prohibitive and can cause frustration with delays. First, an email has to be sent to parents and they have to open their email to provide consent before the Deaf Mentor can move forward in the assessment. In order to make this process go more smoothly, Lifetrack should train Deaf Mentors on the consent process of the program so they are prepared to answer any questions ahead of time and obtain consent quickly to keep the assessment moving. Lifetrack could also provide paper or emailed consent forms to parents ahead of time (perhaps at the session before the assessment takes place). Deaf Mentors should also practice the consent process so they are already well-versed in the process before they conduct their first assessment with families. Although Lifetrack is still in the process of choosing an ASL assessment to meet program needs and may not use the VCSL, the recommendations above can be applied to any type of assessment with a consent process.

Adapting the VCSL to the Deaf Mentor Family Program. If the Deaf Mentor Family Program chooses to continue using the VCSL, one possibility would be to adapt the administration method and the assessment itself to better meet program outcomes and needs. For example, The Deaf Mentor Program in the state of Wisconsin also uses the VCSL to measure language acquisition outcomes for their program. However, program staff have adapted the VCSL to accommodate their Deaf Mentor Program. The Wisconsin program has ASL specialists on staff who administer the first VCSL evaluation to families. Six months later, the Deaf Mentors conduct the VCSL again to reassess the child's progress and report it to both the Deaf Mentor Program Coordinator and the ASL specialists. Then, the ASL specialists provide feedback based on the second VCSL assessment. Six months after the second VCSL assessment is administered, the ASL specialists will re-evaluate the child for a third time using the VCSL. In short, the ASL specialists provide VCSL assessment on yearly basis and the Deaf Mentors will follow up re-assessing the child's language development.

In order to adapt the VCSL tool to meet program needs, the Wisconsin Program Coordinator removed two of the four measurements on the rating scale on the rating scale. The Wisconsin Program only uses the ratings of “emerging” and “mastered” on the scale. This has made the tool more straightforward for the Deaf Mentors to measure the child’s language development.

Lifetrack staff could explore working with Wisconsin’s Program Coordinator to advise them on how to possibly amend the VCSL to use in their own program. Lifetrack could also consider hiring ASL specialists to conduct the VCSL similar to the Wisconsin program. In particular, Lifetrack should further explore Wisconsin’s method of adapting the VCSL in assessing children whose first language is not English and children who have other disabilities. Lifetrack should also discuss these adaptations with the VCSL authors.

Using and sharing information

Use Appreciative or Team-Based Inquiry to determine results to report. After the data has been collected, sorted, and analyzed, Lifetrack should conduct an Appreciative or Team-Based Inquiry to determine which of the results are important to report for their process and outcomes evaluation. An Appreciative Inquiry focuses on identifying what is working well for a program, analyzing why it is working well, and planning to continue strategies that contribute to success. Questions to guide this process can be found in the Appendix.

The next section outlines recommendations for Lifetrack to consider for the Deaf Mentor Family Program and the D/HH Role Model Program.

Issues to consider regarding the Deaf Mentor and D/HH Role Model Programs

Advisory Committee

Lifetrack has incorporated an Advisory Committee into the program logic model. It will be important for Lifetrack to clarify the role, scope, time commitment, and process for this group. In particular, we encourage Lifetrack to consider how its evaluation results (this report, and going forward) will be used to inform the Advisory Committee and assist them in making decisions or offering recommendations.

Events for families and children

For families with young children who are D/HH, social connections can be an important lifeline to resources and support. In fact, one study showed that families who met frequently with each other and who had contact with deaf adults had a more trusting relationship with their child and felt a stronger sense of competence (Hintermair, 2000). Generally, the literature regarding family supports suggests that social support is a top priority for many families (Jackson, 2011; Henderson, Johnson, & Moodie, 2014) and helps develop a sense of community and belonging.

Lifetrack has listed hosting social events and play dates for families as a key activity of these programs going forward. Lifetrack is already beginning to host events and play dates where families with children who are D/HH can meet each other and interact. Minnesota Hands and Voices also has events for families to attend, and Deaf Mentors and D/HH Role Models should continue to recommend these events to families.

We recommend adding a few questions to the annual parent survey to measure the impact of these events -- these questions are included in the Appendix. It is important to use the survey to measure successes (families are able to attend events, families enjoy the events) and challenges (families experience language or distance barriers to attending events) of these events so the program can continue to improve and contribute to a family's positive experience with a program.

Information about assistive technologies

Because many families indicated a need for this type of information (both in this evaluation and the previous needs assessment we conducted for Lifetrack), we suggest that Lifetrack continue to find ways to provide information and resources to families on current communication modalities, assistive technologies, breakthroughs in the field, current research, and other relevant information. These resources can be in a format that the Mentors and Role Models can access and share with families, and should also be made available directly to families through presentations, newsletters (including the existing Minnesota Hands and Voices newsletter), social media, and other venues.

Additionally, Lifetrack should consider measuring outcomes around the extent to which the Mentors and Role Models provided information about assistive technologies, and the level of support they received when families want to learn more about or select a communication modality.

Lifetrack should also consider a behavior assessment based on parental and Role Model observations for the D/HH Role Model Program to measure the program's impact on a child's self-esteem, confidence, and behavior before, during, and after participation in the D/HH Role Model Program. Additionally, Lifetrack should consider asking participating families (parents and guardians) about these topics in the family program survey. Example survey questions can be found in the Appendix.

Deaf Mentor and Deaf/Hard of Hearing Role Model training and professional development

It is important that Lifetrack provide Deaf Mentors with training and ongoing professional development so they can improve their skills in teaching ASL, administering assessments, and using ASL assessment results for case planning. This can include more intensive training workshops, shorter and more informal trainings at regularly scheduled meetings, one-on-one mentoring relationships between Deaf Mentors and Role Models, or information passed on through social media, email newsletter, or other sources.

Training on the program curriculum and supplemental resources

Currently, Lifetrack staff train new Role Models on the program curriculum one-on-one as they are hired—as of yet, there is no regular training schedule for this program. As Lifetrack continues to expand the D/HH Role Model Program, trainings for new and continuing role models should be held once or twice per year Lifetrack holds two trainings per year for new and continuing Deaf Mentors on the SKI HI curriculum and supplemental materials (such as *Signing Naturally*, *Bravo*, *Trilingual,* and other program materials).

In addition to providing initial training to the Deaf Mentors and D/HH Role Models, Lifetrack should also find ways to ensure that these staff are implementing the curriculum with fidelity. This can be done by examining case notes and checking in with Deaf Mentors at regular meetings.

As the program continues to expand, it is important that D/HH Role Models are up to date on current assistive technologies and information so they can assist families with all types of communication modalities and assistive technologies and help them to feel welcome and supported in the program. Information can also be shared at regular Mentor/Role Model meetings—perhaps Lifetrack can have an agenda item dedicated to "cool technologies" so D/HH Role Models can learn about new technologies on a regular basis and in different formats (as opposed to only having the information available to them in articles).

Connections with other mentors and fellow colleagues in the field

As a part of the logic modelling process, Lifetrack identified "connecting with multiple professional networks" as an important activity for Mentors and Role Models. Below is a list of possible activities Lifetrack could consider:

Host networking events for Deaf Mentors and Role Models. Lifetrack could consider hosting networking and social events at Lifetrack for Deaf Mentors, Role Models and other organizations involved with the D/HH communities. This will help to connect not only the Deaf Mentors and Role Models to one another, but it will help them to connect with other colleagues in the field. Lifetrack could consider inviting representatives from the following organizations/programs: Minnesota Hands and Voices, government organizations (e.g., MDE, DHS, DHHSD), DeafMN, PACER, and others. At the event, Lifetrack should encourage attendees to share their contact information and make it available to Mentors and Role Models from Greater Minnesota.

Use social media to engage with and connect mentors and role models. The Deaf Mentor Family Program already has a private group on Facebook that it uses to connect Deaf Mentors with one another. The D/HH Role Model program should consider doing the same, so they are connected with one another and have the opportunity to ask questions and share strategies or knowledge among the group (i.e., what is currently working for them when they work with families, recent and relevant articles they might have read, discussion forum, etc.).

Mentoring/buddy system for mentors. Given that there will be an influx of new mentors into both programs when the program scales up, Lifetrack should consider partnering up new Deaf Mentors and Role Models with more experienced Mentors so they have an internal resource to go to for questions in addition to the program coordinators.

Communications with families around ASL assessments

Introducing families to the tool is crucial to making them comfortable and willing to take an ASL assessment. Lifetrack should train and prepare Deaf Mentors about how to explain the tool to families and how it benefits families and the program overall.

Describing the tool to families. Deaf Mentors can frame ASL assessments in a variety of ways so that families feel comfortable to participate. Deaf Mentors can frame it as a "case planning tool" rather than a "test" or "assessment." They can also let families know that it is a way to see where they are at with learning ASL and how the program can be customized to serve families better.

Deaf Mentors could also tell families that their participation in an ASL assessment, while strongly recommended, is voluntary and a family's decision whether or not to participate will not affect their participation in the program or any other services they may be receiving from Lifetrack or any of its partners. Deaf Mentors can also reassure families that results will not be seen by anyone except the family, the Deaf Mentor, and other Lifetrack staff. Their results may be shared in reports to funders, but those results will be grouped with other families in the program.

Lifetrack should also continue to be open and transparent about how the data from the ASL assessments is used. For example, Deaf Mentors should continue to emphasize that the primary use of assessment scores are used to plan and customize the program for individual families (they could even reference the needs assessment Wilder did a few years ago that noted that families wanted more program customization and this is a way to respond to that feedback). Also, the evaluation will help Deaf Mentors to improve their own teaching practices through self-evaluation.

Deaf Mentors should also consider using the ASL assessment as a motivator for families in finding areas for improvement and strengths. Per the research, the complexity or depth to which specific assessment tools are used also varies; in informal settings, ASL assessments can act as developmental checklists to ensure the learner is on track (Simms, Baker, & Clark, 2013). Framing it as "this will help us to help you and your children improve language skills" may be a good strategy as long as families can see the benefit. If needed, Lifetrack staff can show families a sample report and walk them through the process of how they use the report for case planning so it is transparent and does not seem as intimidating.

Along the same lines, Deaf Mentors should provide families with the assessment results (if they are interested) and additional recommendations and resources they can use to practice signing and also areas of strengths and improvement if they wish to see it. Assessment results, recommendations, and case planning stemming from the results should be provided in a timely manner.

Serving eligible families, especially under-served families

The Deaf Mentor and D/HH Role Model Programs currently serve 56 children and their families, whereas there are approximately 1,056 children birth to age 6 who are D/HH in Minnesota. There is tremendous opportunity to expand the program to serve a higher number of children and families. Lifetrack should consider ways of expanding the program and doing outreach to ensure that the types of families who are most under-served – in particular, those who do not use ASL or have not chosen a communication modality as of yet, live in Greater Minnesota, and those who do not speak English as a first language – have access to these and other Lifetrack services. Continued evaluation efforts will help to assess the accessibility and cultural responsiveness for these typically under-served groups.

Lifetrack should also continue to assess the Deaf Mentor and D/HH Role Model Program structure to ensure it is effective as the number of families served increases.

Finally, Lifetrack should work with current and other potential funders to ensure the program's sustainability and to expand the reach to as many eligible families as possible.

Additional assistance

If Lifetrack wants additional assistance with ongoing evaluation, Lifetrack could consider an ongoing technical assistance contract with Wilder Research or another evaluator. The cost could be minimal once data collection and tracking systems are set up, and Wilder would be happy to work with Lifetrack in whatever capacity is deemed appropriate to meet your needs and budget.

Appendix

Evolution of best practices in serving families with young children who are D/HH

Evidence points to the importance of early access to language for children to acquire the fundamentals (Drasgow, 1998). The concept of a "critical period" for language acquisition first put forth by Lenneberg in 1967 is still relevant today and has been validated by more recent studies (Newport & Supalla, 1990; Drasgow, 1998). Drasgow highlights this finding, saying that "…children who are exposed to a language after age 6 or 7 may have missed the 'critical period' for language acquisition and thus they may never achieve native-like fluency in that language" (p. 1198; p. 335).

Research has shown that for families with hearing parents and young children who are deaf or hard of hearing (D/HH) who have chosen to use American Sign Language (ASL), mentors who are trained in ASL-based mentoring curriculums can specifically support the family's learning of ASL (Magnuson, 2000). In fact, children who are D/HH and who receive language support and interaction with their parents from a young age are more competent than their peers who are D/HH and did not have such access (Magnuson, 2000). Thus, providing instruction in ASL for both parents and their young children who are D/HH is critical to successful communication. In one case study of families learning sign language along with their young child who was D/HH, parents confirmed not only improved competence in ASL, but also "a high level of benefit" to both their child's language ability and social adjustment (Takala, Kuusela, & Takala 2000, p. 369).

Fortunately, with newborn hearing screening becoming common, hearing loss is often detected early, meaning that infants are able to receive ASL instruction from a very young age and therefore have greater access to language and expression. Early Hearing Detection and Intervention (EHDI) is the practice of screening every newborn for hearing loss before they leave the hospital after their birth. Infants who do not pass the screening receive an evaluation before three months of age, and as needed, are enrolled in early intervention programs by six months of age. All 50 states and the District of Columbia have EHDI laws or voluntary compliance programs that screen for hearing loss.

States use the Joint Committee on Infant Hearing (JCIH) position statements as the foundation for their EHDI systems. The first position statement, published in 1971 in the medical journal Pediatrics, listed recommendations for early identification of children with hearing loss and newborn screening protocols. Members of the Joint Committee included the American Speech Language Hearing Association (ASHA), the American Academy of Ophthalmology and Otolaryngology (AAOO), and the American Academy of Pediatrics (AAP). There was no mention of involvement of parents of children who are D/HH or adults who are D/HH.

Since that time, the JCIH position statement has evolved from a one-page document and three medical organizations to a 28-page comprehensive document developed by a diverse group of stakeholders including representation from the American Society of Deaf Children, the Association of College Educators of the Deaf and Hard of Hearing, the Conference of Educational Administrators Schools and Programs for the Deaf, the Convention of Instructors of the Deaf, the National Association of the Deaf, Directors of Speech and Hearing Programs in State Health and Welfare Agencies, and the American Alexander Graham Bell Association.

The Joint Committee on Infant Hearing 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs describes the critical role of mentors who are D/HH in the healthy development of young children who are D/HH, especially those who come from families that are hearing: "The deaf and hard of hearing community includes members with direct experience with signed language, spoken language, hearing-aid and cochlear implant use, and other communication strategies and technologies. Optimally, adults who are deaf or hard of hearing should play an integral part in the EHDI program. Both adults and children in the deaf and hard of hearing community can enrich the family's experience by serving as mentors and role models. Such mentors have experience in negotiating their way in a hearing world… (JCIH, 2007, p.903)."

The supplement to the JCIH 2007 position statement further specifies best practice recommendations based on a series of goals related to serving families with children who are D/HH as part of an EHDI program. These goals cover several aspects of care, but are guided by core themes of access, training, and standards of quality, as well as the monitoring and measurement of outcomes.

Goal 3a from the JCIH supplement states: "Intervention services to teach ASL…will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children (JCIH, 2013, p. 1329)." Goal 3b states: "Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge (JCIH, 2013, p. 1330)." Goals 3a and 3b are not intended to be mutually exclusive, but rather that these two types of services both be available to achieve the overall Goal 3: "All children who are D/HH from birth to 3 years of age and their families have Early Intervention providers who have the professional qualifications and core knowledge to optimize the child's development and child/family well-being (JCIH, 2013, p. 1328)." Goal 11 is also relevant: "All children who are D/HH and their families have access to support, mentorship, and guidance from individuals who are D/HH (JCIH, 2013, p. 1338).”

Finally, the supplement to the JCIH 2007 position statement acknowledges the important role individual who are D/HH play in this system of early intervention and family support, with its Goal 10: “Individuals who are D/HH will be active participants in the development and implementation of EHDI systems at the national, state/territory, and local levels; their participation will be an expected an integral component of the EHDI systems (JCIH, 2013, p. 1337).”

History of deaf and hard of hearing mentoring programs in Minnesota

In 1989, a group of adult volunteers who are hard of hearing established an ad hoc work group to provide mentoring to adolescents who are hard of hearing and who did not use American Sign Language (ASL). They saw the isolation that these youth experienced and wanted to do something about it. These volunteers met for four years; they provided mentorship in group events for approximately 15 students. There was no funding for this initiative, and the group ultimately disbanded.

In 1997, the national advocacy nonprofit, Self Help for Hard of Hearing (now Hearing Loss Association of America), received a national grant for a program called “Heroes with Hearing Loss Mentoring Program.” The Minnesota Department of Human Services’ Deaf and Hard of Hearing Services Division (DHHSD) was selected as site for this new program. They chose a program model for group mentoring that provided adolescents who are hard of hearing with opportunities to socialize while meeting with adult role models. Four role models were trained. Parents applied for services. Overall, 10 girls and 10 boys participated. They had separate and mixed activities. The program was run by DHHSD until 2000, when funding ended. Then, the Minnesota Chapter of the Alexander Graham Bell Association ran the program for two years, but when they lost funding the program was discontinued.

In 2002, DHHSD began the Deaf Mentor Family Program for families with children who are deaf and who want to learn ASL. In the first year, 14 Mentors were trained. Mentors were chosen based on their fluency in ASL, their ability to communicate easily with families with parents (and other family members) who are hearing, their comfort with young children, and their ability to support family decisions. The Deaf Mentors completed training using the SKI-HI Deaf Mentor Training Curriculum that was developed at Utah State University. Funding and support in these early years came from a combination of sources including DHHSD, SKI-HI, and the Center for Independent Living of Northeastern Minnesota.

In 2007, the Minnesota Legislature allocated $40,000 to DHHSD to provide mentoring to families with children who have hearing loss. From 2008 through 2012, DHHSD staff administered the Deaf Mentor Family Program, working with families to plan services and monitor progress. The legislative funding was used to pay for the Mentors' services and training. In late 2012, DHHSD repurposed $60,000 of other grant funding to increase the Deaf Mentor Family Program funding to $100,000 per year. A Request for Proposals was issued to transfer operation of the entire program to a community-based agency. In 2013, DHHSD became the contract manager, and Lifetrack became the provider of the Deaf Mentor Family Program. One of the duties of the contract was to begin development of a curriculum for a D/HH Role Model Program to support families with children who are hard of hearing and who have not chosen ASL as their mode of communication.

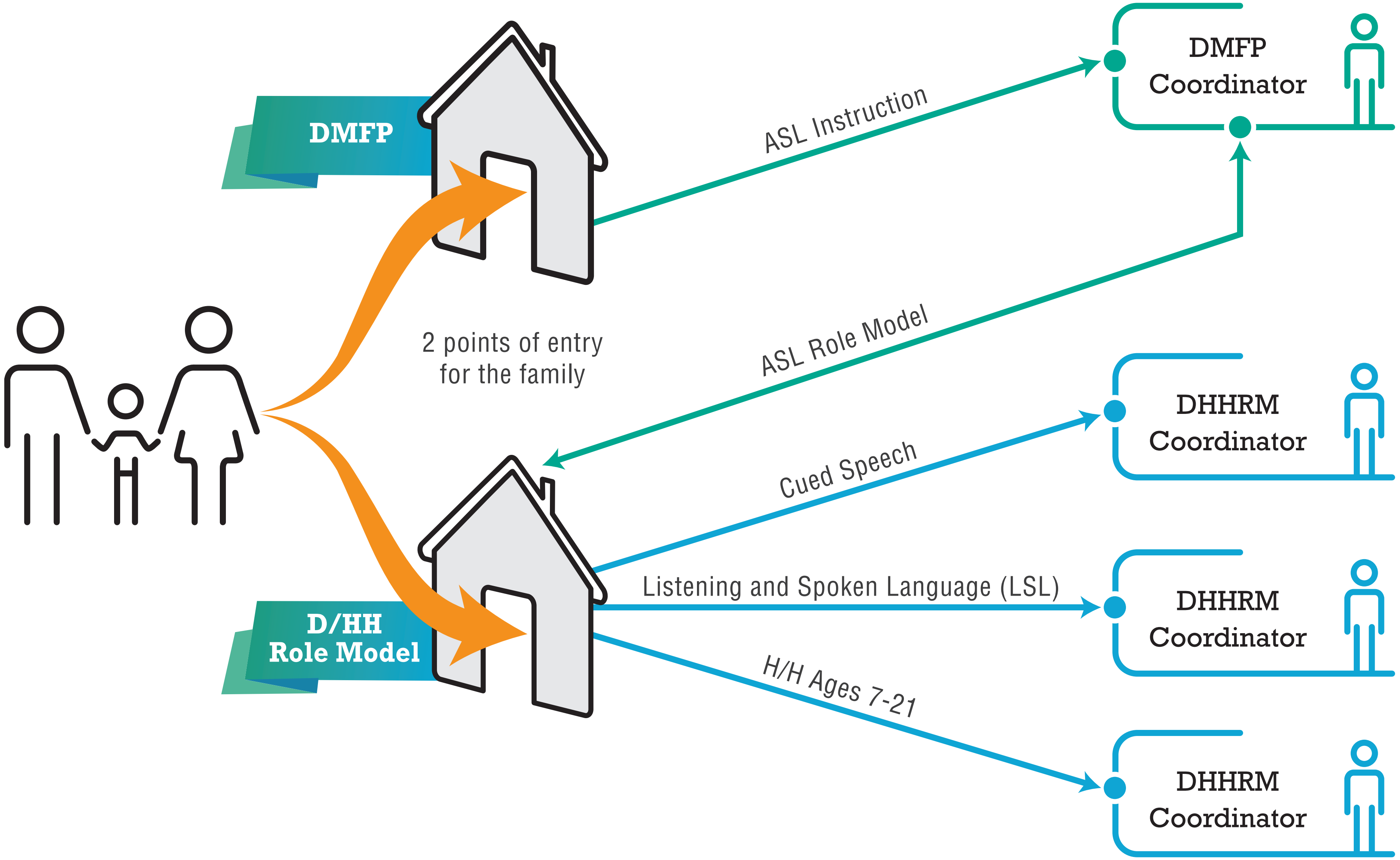
During the 2013 legislative session, the statute regarding Newborn Hearing Screening/ Early Hearing Detection and Intervention (Minn. Stat. 144.966 (2013)) was amended to include a provision for mentors to provide education, including ASL, as one available option for families of children who are D/HH. It allocated approximately $155,000 per year, collected through newborn EHDI screening fees. The funding was targeted for children birth to age 6. The Minnesota Department of Health (MDH) receives the appropriation and contracts with a nonprofit organization for these D/HH mentor services. In November 2013, MDH issued a Request for Proposals and Lifetrack was awarded the contract.

DHH Family Mentor Services

(serving families with children ages 0-21)

Lifetrack
Putting Hope Within Reach

The DHH Family Mentor Services program leverages the DMFP for DHHRM services, recognizing the dual role Deaf Mentors play, as well as offering families all options available.



Supporting literature:

Takala, M., Kuusela, J., & Takala, E.-P. (2000). “A Good Future for Deaf Children”: A Five-Year Sign Language Intervention Project. *American Annals of the Deaf*, 145(4), 366–374.

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Lifetrack's Deaf Mentor Program Logic Model: This program matches families who have young children who are deaf or hard of hearing with adults who are Deaf to help the family learn American Sign Language (ASL) and connect with the Deaf community.

Inputs

Staff (program managers, Deaf Mentors)

SKI HI curriculum

Supplemental curriculum and materials (such as Signing Naturally, Bravo, etc.)

Family participants

HH Adult Role Model Program, MN Hands & Voices, and other Lifetrack programs and resources

Advisory committee

Results from needs assessment with Wilder in 2015

Office space and resources

Funding – DHHSD and MDH grants[1]

Funding – potential new sources

Activities

Recruit, hire, and train (upon hire and ongoing staff development) Deaf Mentors

Outreach: recruit and retain families in the program

Deaf Mentors meet with families 1 x week for up to 2 yrs. to teach them ASL

Future plans: Deaf Mentors assess the child and family's ASL proficiency every 6 months and targets services to address specific gaps identified in ASL proficiency

Playdates and social events for families

Outputs

Total number of Deaf Mentors and number of Deaf Mentor staff hours

Additional certifications or trainings completed by Deaf Mentors

Total number and type of outreach efforts: Number and percent of eligible families invited to participate

Total number of families participating

Total number of hours of ASL teaching with Deaf Mentors' families (average hours per family per week, month, and year)

Number of hours families practice ASL outside of meetings with Deaf Mentor

Reports completed by Deaf Mentors

Short-term outcomes (1 year or less)

Deaf Mentors are retained and have improved skills for teaching families ASL

Families and children enjoy their experiences with the Deaf Mentor program

Families develop good relationships with their Deaf Mentor and view them as reliable, and a good resource for learning ASL

Families and children are engaged in the program and make efforts to learn the materials the Deaf Mentor presents to them

Families continue participating in the Deaf Mentor program

Communication is established and/or improved between Deaf child and family members*

Intermediate outcomes (2-5 years)

The Deaf Mentor program has sustainable funding and staffing, and families in Minnesota who are eligible have access to the program

Participating families' and children's ASL proficiency continues to improve

Families and children communicate effectively*

Children have improved quality of life and reliable access to communication with the world

Families view ASL as an important tool to help support communication for their family

Long-term outcomes (6+ years)

The Deaf Mentor program operates at full capacity and has funding to serve all eligible families

All eligible families participate in the program

Participating families' and children's ASL proficiency improves toward fluency

Families complete the Deaf Mentor program

Families have better communication with their children*

Children experience less frustration and an improved ability to express their needs and feelings when interacting with their families and with others

Families have goodwill toward the Deaf Mentor program and refer/recommend other eligible families

Families are more involved in/a part of the Deaf community

Deaf children have an established linguistic and cultural, and Deaf identity

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*Items with a * indicate that these outcomes have been produced from similar programs and documented with research (these outcomes are evidence-based).*

Lifetrack's Deaf and Hard of Hearing Adult Role Model Program: This program supports families in their journey with their child who is deaf or hard of hearing using **ASL, Listening and Spoken Language, and Cued Speech**. The Deaf Mentors and Hard of Hearing Role Models will share their experiences with families; they will be unbiased, supporting, and encouraging to facilitate better communication among the family and better access and opportunities for the child who is deaf or hard of hearing.

Inputs

- Staff (program manager, Deaf Mentors and HH Adult Role Models)
- Office space and resources (computer, files, or other materials)
- Funding – DHHS and MDH grants; potential new sources
- Advisory committee
- Family participants
- MN Hands and Voices and other Lifetrack programs and resources
- Results from needs assessment with Wilder in 2015 and other information about families' characteristics and needs

DMFP

- SKI HI curriculum
- Supplemental curriculum and materials (such as Signing Naturally, Bravo, Lauren Bell Trilingual Spanish curriculum, etc.)

D/HH Role Model

- Curriculum (Deaf/Hard of Hearing Curriculum)

Activities

- Recruit, hire, and train (upon hire and ongoing staff development) Deaf Mentors and HH Adult Role Models
- Outreach: recruit, orient, and retain families in the program
- Playdates and social events are available for all types of families (families with young children, families who do not speak English as their first language, and families from Greater Minnesota)
- Developmental evaluation for any new program model or component, providing a real-time feedback loop to help refine programming
- Process evaluation to understand the experiences with and satisfaction of mentors, families, and other program partners and stakeholders
- Outcome evaluation to measure changes in acquired language skills, identity, and connections as a result of the program
- Host quarterly Advisory Committee meetings to gather feedback and input on programming, results, and expansion efforts

DMFP

- Deaf Mentors meet with families 1 x week for up to 2 years to teach them ASL using SKI HI and other materials
- Deaf Mentors assess the child and family's ASL proficiency every 6 months and targets services to address specific gaps identified in ASL proficiency
- ASL classes

D/HH Role Model

- Adult Role Models meet with families using the selected curriculum (up to 7 meetings)
- Host meet-and-greet events for families with a variety of Role Models
- Support Role Model infusion efforts into events for families with children that are D/HH
- HH Adult Role Models are trained in the current information in education field ranging from early childhood to school age child
- D/HH Role models connect with multiple professional networks

Outputs

- Number of Deaf Mentors and HH Adult Role Models and staff hours
- Additional certification and training hours for Deaf Mentors and HH Adult Role Models
- Total number and types of outreach efforts, number of eligible families invited to participate
- Host quarterly Advisory Committee meetings to gather feedback and input on programming, results, and expansion efforts
- Number families served
- Number of Advisory Committee meetings held

DMFP

- Total number of hours of ASL teaching with Deaf Mentors' families (average hours per family per week, month, and year)
- Number of hours families practice ASL outside of meetings with Deaf Mentor
- Reports completed by Deaf Mentors including number of sessions per family, lessons for each session, ASL assessment scores, key family survey findings, case notes, and other important outcomes to be used for case planning

D/HH Role Model

- Total number of hours of experience sharing and resource exchanging, and the average hours per family per week, month, and year
- Reports completed by D/HH Role Models including number of sessions per family, family progress outcomes in mentoring (TBD), key survey findings, and other important outcomes to be used for case planning

Short-term outcomes
(1 year or less)

- Families and children enjoy and are engaged in the program and make efforts to learn the materials the Deaf Mentor or D/HH Role Model presents to them
- Families continue participating in the program
- Families connect with other families who have children who are D/HH
- Families see value in having a Deaf Mentor/HH Adult Role Model for their child
- Parents feel supported emotionally
- Parents feel hope for the future
- Families receive information about the importance of language acquisition

DMFP

- Deaf Mentors are retained and have improved skills for teaching families ASL
- Families develop good relationships with their Deaf Mentor and view them as reliable, and a good resource for learning ASL
- Families view ASL as an important tool to help support communication for their family
- Communication is established and/or improved between child and family members

D/HH Role Model

- HH Adult Role Models and the program are connecting with multiple professional networks and benefitting
- Families explore the various programming and language options available to their children
- Parents receive information about assistive technologies (TBD)
- D/HH Adult Role Models are able to better serve families with children of all ages due to access to current information, networks, and training

Intermediate outcomes
(2-5 years)

- Families and children communicate effectively
- The D/HH Family Mentor Program has sustainable funding and staffing, and families in Minnesota who are eligible have access to the program
- Program better meets the needs of a range of families
- Traditionally underserved families (families with young children, non-English speaking, from Greater MN, etc.) will have access to the program
- Families are connected to other families who have children who are D/HH, and especially families that share other similarities (location/region in Greater Minnesota, non-English speaking, and/or specific cultural communities, etc.)
- Children have improved quality of life and reliable access to communication with the world

DMFP

- Participating families' and children's ASL proficiency continues to improve

D/HH Role Model

- Program continues to scale up and provide services to more eligible families; as a result, more families are served by the program
- Families benefit from and use more of the (and appropriate) assistive technologies and communication modes presented to them by mentors

Long-term outcomes
(6+ years)

- The DHH Family Mentor services program operates at full capacity and has funding to serve all eligible families
- All eligible families are invited to participate in the program and as many families as possible enroll
- Families understand how to advocate for their child who is D/HH
- Self-esteem grows for child who is D/HH: this leads to prevention of mental health issues, high school drop-out, and encourages high achievement
- Self-advocacy skills are apparent in child who is D/HH
- Families have goodwill toward the Deaf Mentor/HH Adult Role Model program and refer/recommend other eligible families

DMFP

- Participating families' and children's ASL proficiency improves toward fluency
- Families complete the Deaf Mentor program
- Families are more involved in/a part of the Deaf community
- Children who are deaf have an established linguistic and cultural, and Deaf identity

D/HH Role Model

- Participating families' and children's communication improves toward fluency in their communication mode(s) of choice
- Families are more involved in/a part of the Hard of Hearing community

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Wilder Research, June 2016

Appreciative or Team-Based Inquiry questions

The questions below can guide Lifetrack staff when using Appreciative or Team-Based Inquiry:

Program outcomes:

- What outcome areas showed the highest success rates? What program activities do you think contributed to these outcomes them most? Why?
- What outcome areas showed the lowest success rates? Were these success rates below the level expected? How could programming be strengthened? Are there new program activities to consider?

Satisfaction levels:

- What areas of the Deaf Mentor Family Program were participants the most satisfied or were rated the most highly? What activities contributed to these ratings?
- What areas were program participants least satisfied? How could Lifetrack strengthen services to increase satisfaction?

Service delivery:

- How often are families meeting with their mentors? How long is each session? What kinds of things were done at each session? Is this consistent with the program's intended service delivery approach? If not, should Lifetrack modify the program to increase or decrease the amount of service each family receives?
- Has the number of families served increased? Decreased? Stayed the same?
- What challenges or barriers to service delivery were encountered? How can Lifetrack reduce these in the future?

Share information and results. After the information has been analyzed, Lifetrack should take the following into consideration as they are preparing to use and share information:

- When sharing information, emphasize outcomes, not just client satisfaction
- Know the audience (recipients of the information) that Lifetrack is trying to reach and use a variety of methods to reach them: summary reports or fact sheets, infographics or blogs on the Lifetrack web site, advisory committee meetings, etc.

- Use the evaluation findings to determine which funding sources to pursue, then include the evaluation findings in grant applications to make a case for Lifetrack and give the program a competitive edge
- Inform the field about the impact of mentoring programs through blogs, articles, or peer-reviewed journal publications

Survey question additions and suggestions

ASL assessment tool

- How useful did you find the ASL assessment tool? (Very useful, Somewhat useful, Not very useful, Not at all useful)
- Did your Deaf Mentor use the ASL assessment tool to:
  - Show you your family's progress with learning ASL? (Yes/No/Don't know)
    - Did you get this feedback in a timely manner? (Yes/No/Don't know)
  - Customize lessons and games for your family based on assessment results? (Yes/No/Don't know)
  - Recommend other resources to help your family learn ASL? (Yes/No/Don't know)
- How comfortable were you and your family taking the ASL assessment? (Very comfortable, Somewhat comfortable, Somewhat uncomfortable, Not comfortable at all)
  - If they answer "Somewhat uncomfortable" or "Not comfortable at all", ask:
    - If you are willing, please explain why you were not comfortable taking the ASL assessment: (Open end)
- How did you use the results when they were provided to you? (Open end)
- Do you believe your Deaf Mentor used scores from the ASL assessment to help your family improve in areas that you needed to? (Yes/No/Don't Know)

Advocacy and self-esteem

- To what extent do you agree or disagree with the following statement: "I understand how to advocate for my child who is D/HH." (Strongly agree, Agree, Disagree, Strongly disagree)

- To what extent do you agree or disagree with the following statement: "My child who is D/HH understands how to advocate themselves." (Strongly agree, Agree, Disagree, Strongly disagree)

- How would you describe your child's self-esteem? (Excellent, Very good, Good, Fair, Poor)

- Since you started the program, did your family have the opportunity to connect with other families who have D/HH children through an event or play date? (Yes/No/Don't know)
  - If yes, what event did you attend? (Open end)
  - If no, what were the reasons why you did not attend an event or play date? (Check all that apply: too busy; time was inconvenient; communication barriers; location or travel distance; topic was not of interest to my family; who else was there; other, please specify).

- Since you started the program, has your family received information about language acquisition? (Yes/No/Don't Know)

- Since you started the program, to what extent do you feel supported emotionally? (Very supported, Somewhat supported, Not at all supported)
  - By your Deaf Mentor or D/HH Role Model
  - By your family and friends
  - By families that you met through the program

- To what extent do you feel like the Deaf Mentor Family Program or D/HH Role Model Program contributed to these feelings? (It contributed a lot, It contributed some, It contributed a little, It did not contribute (to my feelings of support))

- To what extent did the Deaf Mentor Family Program or D/HH Role Model Program help you to feel supported? (It helped a lot, It helped somewhat, It helped a little, It did not help.)

D/HH Role Model Program contributions to family support

- When beginning the D/HH Role Model Program, did your family meet different types of Role Models (who use ASL, Cued Speech, LSL, etc.) as a part of the D/HH Role Model Program? (Yes, No, Don't Know)

- To what extent would you say that meeting different types of role models helped to:
  - Increase your overall sense of optimism for your child who is D/HH? (It helped a lot, It helped somewhat, It helped a little, It did not help.)
  - Increase your hope for the future of your child who is D/HH? (It helped a lot, It helped somewhat, It helped a little, It did not help.)
  - Create a new relationship for your family? (It helped a lot, It helped somewhat, It helped a little, It did not help.)
- In what ways, if any, has being a part of the D/HH Role Model Program supported you, your family, and your child who is D/HH? (Open-ended.)

Additional questions

- Did your Deaf Mentor recommend any additional resources for your family after taking the ASL assessment? (Yes/No/Don't know)
  - If yes, what resources did they recommend? (Open end)
  - Did you use or follow through with these recommendations? (Yes/No/Don't know)
  - Why or why not? (Open end)

Evaluation plan

A1. Evaluation design

Evaluation method	Steps to completion	Time frame	Completed by
Family satisfaction survey	1) Revise and refine survey based on last year's results, any new program developments, data that are (and are not) being used, and changing priorities	Yearly: Jan-Feb	Deaf Mentor and D/HH Role Model Program Coordinators and Mentors collaborate to determine survey priorities
	2) Program survey into Survey Monkey	Feb-March	Lifetrack staff
	3) Send survey and 2 or 3 bi-weekly reminders to families	March-April	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff
	4) Close survey and analyze results	April-May	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff
	5) Incorporate results into reporting	May-June	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff
Administer ASL assessments	1) Train Deaf Mentors on tool	February	Deaf Mentor Family Program Coordinator
	2) Complete inter-rater reliability	February-April	Deaf Mentors; Deaf Mentor Family Program Coordinator
	3) Complete ASL assessments	April-May	Deaf Mentors; Deaf Mentor Family Program Coordinator
	4) Monitor ASL assessments, complete quality control checks (look over assessments)	Every 6 months	Deaf Mentor Family Program Coordinator
	5) Enter data into data system or Excel spreadsheet	Weekly	Lifetrack staff/intern
	6) Analyze results of ASL assessments	Every 3-6 months	Deaf Mentor Family Program Coordinator/other Lifetrack staff
	7) Incorporate results into reporting	June	Deaf Mentor Family Program Coordinator

A1. Evaluation design (continued)

Evaluation method	Steps to completion	Time frame	Completed by
Reporting to funders and other stakeholders	1) Compile results from assessments and survey	April-May	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff
	2) Decide how to communicate results with funders and other stakeholders (formulate communications plan)	May-June	Lifetrack Communications Specialists
	3) Write annual report	May-June	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff
	4) Disseminate results	July-August	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff and Communications Specialists
Revisit logic model and evaluation plan as needed	Revisit, discuss, and revise logic model and evaluation plan	September	Deaf Mentor and D/HH Role Model Program Coordinators or other Lifetrack staff; and other stakeholders

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