

HOPE Feedback Form

Fostering Self-Advocacy in Elementary-Aged Students with Hearing Loss

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Please help us evaluate this program by completing this brief form and emailing it back to hopefeedback@cochlear.com . If you have additional questions on HOPE, please email: dsorkin@cochlear.com.

What is your name?

What date did you take this HOPE online course?

What is the most important thing you learned today?

Are you a professional working with families and children with hearing loss?

If yes, how will you apply this information in working with children with hearing loss and/or their families?

Are you a parent of a child with a cochlear implant? If yes, was this seminar helpful to you?

Do you have anything to share on this topic from your own experience?

If professional, what is your profession, place of employment and city/state and how many children with implants are you currently serving?

If a parent, please tell us the city and state where you live:

Suggestions for future topics/additional comments:

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