HOPE Feedback Form

Course Title: Keep It Fresh: Ideas for Language Development

Author: Ashley S. Garber, M.S. CCC-SLP, LSLS Cert. AVT

Please help us evaluate this program by completing this brief form and emailing it back to [**hopefeedback@cochlear.com**](mailto:Hopefeedback@cochlear.com)

**.** If you have additional questions on HOPE, please email: [hope@cochlear.com](mailto:hope@cochlear.com)

**What is your name?**

**What date did you take this HOPE online course?**

**What is the most important thing that you learned from this course?**

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

**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?**

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

**Are you a parent of a child with a cochlear implant?**

**If yes, how will you use the information from this seminar?**

**If yes, please tell us the city and state where you live:**

**Suggestions for future topics/additional comments:**

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