

Parent Participant ID FY 26-27		Parent Race/Ethnicity FY 26-27			
Unique Identifier for Parent/Caregiver Participating	Household ID	American Indian or Alaskan Native	Asian	Black/African American	Hispanic/Latino
parent_id_2627.unique	parent_id_2627.household	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	All participants should have a household id. If participants are part of the same family or household they should have the same household id. Participants do not have to live at the same address to be considered part of the same family or household. For example: A parent brings a child to a session and then on another date an elder relative brings the same child. They can all be counted as part of the same family or household. This is necessary for FY 26-27, it was optional for FY 25-26.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

Middle Eastern/North African	Hawaiian or Pacific Islander	White	Other Race/Ethnicity	Other Race/Ethnicity Text Box	I Prefer Not to Respond
parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.oth	parent_race_2627.oth	parent_race_2627.race
Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity and would like to provide additional clarity for their background.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver. This is the appropriate selection when a participant has selected- I Prefer not to Respond.

Parent Location		Parent's Children	Parent Recruitment FY 26-27		Dosage and Deliv
Zip Code	County	How many children age 5 and under is the participant parenting?	How did the participant learn about this program?	Recruitment Other Text	Number of Sessions This FY
parentlocationshared.zip	parentlocationshared.co	parent_child_shared.pa	parent_recruit_2627.rec	parent_recruit_2627.rec	dosage_and_delivery.n
Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.	Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Child Care Center Flyer Website Other: text input for description in the next field. Select only one. Traditional Media typically includes TV, Radio, Newspaper.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	Data Type: Whole Number, Max of 104 Please indicate the total number of sessions attended by the participant <u>during this FY</u> . Depending on the model, this could be homevisits, seminars, group meetings, etc.

ery		Parent/Caregiver/Adult Participant's role			ASL Outcomes
Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions	What is the Parent/Caregiver/Adult Participant's primary role in relation to a child or children who are Deaf or Hard of Hearing?	Role = Other Description	How many deaf or hard of hearing children do you care for?	Please Describe your ASL Knowledge before these classes.
dosage_and_delivery.n	dosage_and_delivery.in	asl_role.what_is_the_p	asl_role.role_other_des	asl_role.how_many_de	asl_outcomes.please_d
Data Type: Whole Number, Max of 500 How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previously please leave blank and add a note in that column to explain.	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)	Data Type: Drop Down, Parent Other Relative ECE Provider Other Professional Other	Data Entry Type: Text Please briefly describe the participant's role if not represented by the user roles listed. Leave blank if "Role = Other" was not selected with a Yes response.	Data type: Whole number	Data Type: Drop Down, No Knowledge of ASL Basic Knowledge of ASL Intermediate Knowledge Advanced Knowledge of ASL

Please Describe your ASL Knowledge AFTER these classes.	How much has your ability to communicate with your deaf or hard of hearing child improved or not, as a result of your participation in ASL Classes?	How Confident were you using ASL with your deaf or hard of hearing child before these classes?	How Confident are you using ASL with your deaf or hard of hearing child now AFTER these classes?	Who do you use ASL with?	Other Description
asl_outcomes.please_d	asl_outcomes.how_mu	asl_outcomes.how_con	asl_outcomes.how_con	asl_outcomes.who_do	asl_outcomes.role_oth
Data Type: Drop Down, No Knowledge of ASL Basic Knowledge of ASL Intermediate Knowledge Advanced Knowledge of ASL	Data Type: Drop Down, Not At All A Little A Great Deal	Data Type: Drop down, I did not use ASL before Not at all Confident A little Confident Confident Very Confident	Data Type: Drop down, I do not use ASL now Not at all Confident A little Confident Very Confident	Data Type: Drop Down, Deaf or hard of hearing child(ren) Hearing child(ren) Both Other	Data Entry Type: Text Please briefly describe the participant's response of other.