

# FAMILIES COUNT



# Virginia's Family Survey<sup>i</sup> Following Services

Dear Parent or Guardian,

Thank you for taking the time to fill out this survey. Your child has just left early intervention services. Virginia's system of early intervention services wants to know how we are doing from a family's point of view. Please help us improve the early intervention services (services that can help young children, birth to age 3 with developmental delays or disabilities, and their families) that your child and family got by answering the following questions. No one who provided services to your child and family will be shown your answers or know what you wrote on this paper.

## Getting Services

The following questions are about your family's experiences with getting early intervention services

1. What early intervention services did your child and family get? (Please check ALL the services you received.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assistive technology (special equipment) | <input type="checkbox"/> Nutrition services     | <input type="checkbox"/> Service coordination       |
| <input type="checkbox"/> Audiology (hearing) care                 | <input type="checkbox"/> Occupational therapy   | <input type="checkbox"/> Social work services       |
| <input type="checkbox"/> Family counseling or education           | <input type="checkbox"/> Physical therapy       | <input type="checkbox"/> Speech or language therapy |
| <input type="checkbox"/> Infant education                         | <input type="checkbox"/> Psychological services | <input type="checkbox"/> Transportation assistance  |
| <input type="checkbox"/> Nursing or medical care                  | <input type="checkbox"/> Respite care           | <input type="checkbox"/> Vision services            |
| <input type="checkbox"/> Other (Please tell us what _____)        |   |   |

2. Where did your child and family get early intervention services? (Please check ALL that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Home   | <input type="checkbox"/> Day care center/baby sitter               | <input type="checkbox"/> Infant program center |
| <input type="checkbox"/> School building  | <input type="checkbox"/> Hospital or therapy center (which? _____) |  |
| <input type="checkbox"/> Other community location (church, community center, library, parks and recreation place, etc.) |  |  |
| <input type="checkbox"/> Other (Please tell us where _____)   |  |  |

For data collection purposes, to collect as complete a picture of families in the early intervention system, we would like to use an identifying code that will link the information from this survey to other information in the system. We will respect your privacy. If you do not wish to have this information linked, please check the box below so the information will not be linked.

I do not wish to have my responses linked.

If you have lost your return envelope, please return the form to:

Individual Child  
Identification Code \_\_\_\_\_

Birth date \_\_\_\_-\_\_\_\_-\_\_\_\_

3. Which of the following people or places in your community helped your child and family work on the goals/outcomes on your IFSP? *(Please check ALL the ones you used.)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Babysitter/day care center                              | <input type="checkbox"/> Department of Social Services      | <input type="checkbox"/> Infant program                  |
| <input type="checkbox"/> Department for the Visually Handicapped                 | <input type="checkbox"/> Dept. for Deaf and Hard of Hearing | <input type="checkbox"/> Parks and recreation department |
| <input type="checkbox"/> Church  | <input type="checkbox"/> Child development clinic           | <input type="checkbox"/> School                          |
| <input type="checkbox"/> Community Services Board (CSB)                          | <input type="checkbox"/> Friends/neighbors                  | <input type="checkbox"/> My family                       |
| <input type="checkbox"/> Community center  | <input type="checkbox"/> Health department                  | <input type="checkbox"/> Parent support groups           |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> Parent resource center             | <input type="checkbox"/> Library                         |
| <input type="checkbox"/> Hospital or therapy center (please tell us which _____) |   |  |
| <input type="checkbox"/> Other (please tell us who _____)                        |   |  |

4. Did anything make it difficult for your child and family to continue with services? *(Please check ALL that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> No difficulties/problems          | <input type="checkbox"/> No child care for my other children                       |
| <input type="checkbox"/> People were not honest            | <input type="checkbox"/> It was hard to agree on times for services                |
| <input type="checkbox"/> No one called me back             | <input type="checkbox"/> Other family members did not think it was important       |
| <input type="checkbox"/> Too much paperwork                | <input type="checkbox"/> Not enough time because of my work                        |
| <input type="checkbox"/> No transportation                 | <input type="checkbox"/> I did not realize the importance of the services at first |
| <input type="checkbox"/> No one spoke my language          | <input type="checkbox"/> Child had medical problems which delayed services         |
| <input type="checkbox"/> Too far to go for services        | <input type="checkbox"/> My insurance company wouldn't pay                         |
| <input type="checkbox"/> Chose not to use my insurance     | <input type="checkbox"/> Had to pay too much of my own money                       |
| <input type="checkbox"/> Other (Please tell us what _____) |  |

What would have made it easier to get these services?

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### Getting Services/Service Coordination

*The following questions are about your family's experiences with getting services and service coordination.*

Rate each of the following statements, using the 1 to 6 scale provided, as it pertains to you, your child or your family. Use 1 if you strongly disagree with a statement. Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. If you don't know the answer, or the question is not appropriate, mark number 10. Use the section marked "Additional Comments" for any statements that you disagree with or for any other comments or suggestions you might have.

	Strongly Disagree	1	2	3	4	5	Strongly Agree	Don't Know
5. I got the early intervention services we needed.	1	2	3	4	5	6	10	
6. The people who helped with our early intervention services did a good job.	1	2	3	4	5	6	10	
7. It was easy to talk to and work with the people who helped us with our early intervention services.	1	2	3	4	5	6	10	
8. I was treated with respect.	1	2	3	4	5	6	10	
9. IFSP meetings were easy to attend.	1	2	3	4	5	6	10	
10. The things said during the IFSP meeting(s) were understood and respected.	1	2	3	4	5	6	10	

11. The services provided to us met the needs of our home and/or work lifestyle.

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**Getting Services/Service Coordination (continued)**

	Strongly Disagree	Ø	Strongly Agree	Don't Know
12. People who worked with our family helped us learn about informal and community resources. (i.e., family, extended family, clergy)	1	2	3	4
13. I had access to materials translated into my native language or primary means of communication (braille or sign/oral interpreter) for IFSP meetings. (If needed or requested)	1	2	3	4
14. I had access to a translator in my native language or primary means of communication (braille or sign/oral interpreter) for IFSP meetings. (If needed or requested)	1	2	3	4
15. My child is better off because of getting early intervention services.	1	2	3	4
16. Early intervention services helped us learn more about my child.	1	2	3	4
17. I feel good about the progress my child made.	1	2	3	4
18. The services provided to my child and family helped reach the outcomes/goals I had set.	1	2	3	4
19. I was able to contact our service coordinator when I needed to.	1	2	3	4
20. Our service coordinator helped us understand the IFSP process.	1	2	3	4
21. I was satisfied with the way our service coordination was provided.	1	2	3	4
22. My child's services were provided as a part of our regular activities. (i.e., while playing, eating, going to the park, shopping etc.)	1	2	3	4
23. I felt comfortable talking with our service coordinator about questions, concerns and services for my child and family. (counseling; meeting basic needs such as housing, food, utilities; etc.)	1	2	3	4
24. My child's IFSP was reviewed along the way.	1	2	3	4
25. What other things would you like us to know about your experiences in getting early intervention services?				

**Payment for Services**

*The following questions are about paying for the early intervention services your family and child received.*

26. How did your family pay for early intervention services? (Please check ALL that apply)

- Our own money       Private insurance       Medicaid       Tricare
- Do not know       Sliding fee scale       Medicaid HMO
- Interagency Coordinating Council Funds       Other (please tell us how \_\_\_\_\_)

27. Early intervention services cost my family:

- More than I expected       Less than I expected       About what I expected       I had no idea what to expect

28. I needed more help to pay for my early intervention services.      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not sure

What other things would you like us to know about your experiences in paying for early intervention services?

## Transition Services

The following questions are about how things went when it was time for your child and family to leave early intervention.

29. Does your child continue to need services after early intervention? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

Rate each of the following statements, using the 1 to 6 scale provided, as it pertains to you, your child or your family. Use 1 if you strongly disagree with a statement. Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. If you don't know the answer, or the question is not appropriate, mark number 10. Use the section marked "Additional Comments" for any statements that you disagree with or for any other comments or suggestions you might have.

If you answered no or not sure to question number 29, please feel free to skip questions 32 - 34 (questions in the shaded box).

Strongly Disagree	Ø	Strongly Agree	Don't Know
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30. Our early intervention experience made me feel more confident in finding ways to meet my child's needs.	1 2 3 4 5 6	10
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31. Someone talked to my family about the different places where my child could get services after early intervention.	1 2 3 4 5 6	10
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32. Someone was available to help my family know what to do (like filling out paperwork and going to meetings) to get services for my child after leaving early intervention.	1 2 3 4 5 6	10
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33. My child continues to get services that were planned after leaving early intervention services.	1 2 3 4 5 6	10
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34. The move from early intervention to preschool services was easy for us.	1 2 3 4 5 6	10
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35. My child was \_\_\_\_\_ months old when we started early intervention services.

36. My child was \_\_\_\_\_ months old when we left early intervention services.

37. What other things would you like us to know about your experiences with transition?

**Personal Information: (This section is optional, please answer only those questions you feel comfortable with.)**  
Please tell us a little more about you and your family. (Mark the most correct response for the following items.)

What is your Zip Code? _____ How many people are in the child's household? <input type="radio"/> 1 - 2 <input type="radio"/> 3 - 4 <input type="radio"/> 5 - 6 <input type="radio"/> 7 - 8 <input type="radio"/> more than 8 What is your relationship to the child who is getting early intervention services? I am the child's: <input type="radio"/> Parent <input type="radio"/> Check here if you are the child's primary caretaker. <input type="radio"/> Foster Parent <input type="radio"/> Grandparent <input type="radio"/> Other family member (aunt, uncle, etc.) <input type="radio"/> Other _____ How would you describe your family? <input type="radio"/> Two Parent <input type="radio"/> Single Parent <input type="radio"/> Foster Care Family <input type="radio"/> Other _____	Are any of the other children in the child's family getting early intervention services, either now or in the past? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure How old in months is your child now? (1 year = 12 months; 1 ½ years = 18 months; 2 years = 24 months) _____ months old What is your child's race/ethnicity? (Please check ALL that apply) <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Black/African-American <input type="radio"/> Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> White/Caucasian <input type="radio"/> Other _____ What is the child's family's yearly income level? <input type="radio"/> Less than \$15,000 <input type="radio"/> \$15,001 - \$30,000 <input type="radio"/> \$30,001 - \$45,000 <input type="radio"/> \$45,001 - \$60,000 <input type="radio"/> \$60,001 - \$75,000 <input type="radio"/> More than \$75,001
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Are you willing to discuss your experiences in early intervention? *If yes, please provide the following information:*

**Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

***Thank you very much for your time!***

Revised:3/17/2000