

# FAMILIES COUNT



# Virginia's Family Survey<sup>1</sup> Beginning Services

Dear Parent or Guardian,

Thank you for taking the time to fill out this survey. 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 are getting by answering the following questions. No one who provides services to your child and family will be shown your answers or know what you wrote on this paper.

## Getting Started in Early Intervention

1. How old was your child when your family first found out that your child had special needs or might need extra help? (1 year = 12 months; 1 ½ years = 18 months; 2 years = 24 months)  
\_\_\_\_\_ before (or at) birth \_\_\_\_\_ months old \_\_\_\_\_ not sure

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2. How did your family first find out about early intervention services? (Please check one)  
 Child's Doctor or nurse       Friends/Relatives       Radio/TV/ Newspaper       Poster/brochure  
 Hospital       Social Worker       Special information phone line  
 School/Preschool/Day care       Other (I found out from \_\_\_\_\_)

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3. Who first noticed that your child had special needs or might need extra help? (Please check one)  
 Me (parent(s)/guardian)       Teacher       Another family member  
 Social worker       Friend or neighbor       Child's Doctor/Nurse  
 Other (Please tell us who \_\_\_\_\_)       Don't remember

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4. Did anything make it difficult for your child and family to start services? (Please check ALL that apply)  
 No difficulties/problems       No child care for my other children  
 People were not honest       It was hard to agree on times for services  
 No one called me back       Other family members did not think it was important  
 Too much paperwork       Not enough time because of my work  
 No transportation       I did not realize the importance of the services at first  
 No one spoke my language       Child had medical problems which delayed services  
 Too far to go for services       My insurance company wouldn't pay  
 Chose not to use my insurance       Had to pay too much of my own money  
 Other (Please tell us what \_\_\_\_\_)

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5. Where will your child and family get early intervention services? (Please check ALL that apply)  
 Home       Not sure  
 Infant program center       Day care center/baby sitter  
 School building       Hospital or therapy center (which? \_\_\_\_\_)  
 Other community location (church, community center, library, parks and recreation place, etc.)  
 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

### Evaluation and Assessment

The following questions are about your families experiences with evaluation and assessment. Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility services.

	Strongly Disagree	Ø	Strongly Agree	Don't Know
6. The evaluation really showed the things that my child can and cannot do.	1	2	3	4
7. My child got an evaluation very quickly once I decided one was needed.	1	2	3	4
8. My child's evaluation was done at a time and place that made it easy for our family.	1	2	3	4
9. My concerns about my child and family were respected.	1	2	3	4
10. The people who helped do the evaluation listened to and answered my questions.	1	2	3	4
11. I believe there is adequate information in my community about how to find services.	1	2	3	4
12. What other things would you like us to know about your experience getting started in early intervention services?	1	2	3	4

### Service Coordination

All families in early intervention have a person to help in getting started in early intervention services and making sure they get needed services for their child and family. This would be the person who came to your house or called you. This person may be called a temporary service coordinator, service coordinator or case manager. This person would have worked with you from when you were referred until your first IFSP (Individualized Family Service Plan) was completed.

13. I know who my family's service coordinator is.  Yes  No  Not sure
14. I know how to call or find my service coordinator when I need to.  Yes  No  Not sure

	Strongly Disagree	Ø	Strongly Agree	Don't Know
15. Our service coordinator listened to me when I talked about what is best for my child and family.	1	2	3	4
16. Our service coordinator understood my child's and family's needs.	1	2	3	4
17. Our service coordinator asked us about resources in our community that we use (i.e.,	1	2	3	4
18. Our service coordinator offered to give us more information about other resources in our	1	2	3	4
19. I felt comfortable sharing as much as I wanted to about my child and family with our service	1	2	3	4
20. What other things would you like us to know about your experiences with service coordination?	1	2	3	4



## Individualized Family Service Plan (IFSP)

The following questions are about planning and writing the “Individualized Family Service Plan” (IFSP), the written plan that lists goals/outcomes and services.

	Strongly Disagree	Ø	Strongly Agree	Don't Know
21. I discussed the early intervention services that would meet the goals/outcomes on our IFSP.	1	2	3	4
22. My family was given the chance to say if we wanted any early intervention services.	1	2	3	4
23. I helped decide which early intervention services would be listed on our IFSP.	1	2	3	4
24. I understand what is written in our IFSP.	1	2	3	4
25. I was given a copy of our IFSP including an evaluation summary.	1	2	3	4
26. The goals/outcomes written in our IFSP are the things that I want for my child and family.	1	2	3	4
27. I helped decide where my child will receive early intervention services. (I.e., home, day care center, babysitter, center, etc.)	1	2	3	4
28. I discussed how my early intervention services would be paid for.	1	2	3	4
29. The things I said during our IFSP meeting were understood and respected.	1	2	3	4
30. What my child and family does on a regular basis was considered in developing our IFSP.	1	2	3	4
31. The things I said during our IFSP meeting helped get the needed services for my child and family.	1	2	3	4
32. What other things would you like us to know about your experiences in getting your child's IFSP?	1	2	3	4

## Legal Rights and Procedural Safeguards

All families in early intervention have certain rights and safeguards to protect them. The following questions are about these Legal Rights and Procedural Safeguards.

	Strongly Disagree	Ø	Strongly Agree	Don't Know
33. I know about my legal rights and protections under the early intervention law (like what to do if I don't agree with a decision made about my child's early intervention services).	1	2	3	4
34. I was given a copy of <u>Commonwealth of Virginia Notice of Child and Family Rights in the Virginia Babies Can't Wait! Part C Early Intervention System</u> and <u>A Guide to Family Rights in the Virginia Early Intervention System</u> .	1	2	3	4

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Not sure

### Additional Comments:



**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?

1 - 2       3 - 4       5 - 6

7 - 8       more than 8

What is your relationship to the child who is getting early intervention services? I am the child's:

Parent       Check here if you are the

Foster Parent      child's primary caretaker.

Grandparent

Other family member (aunt, uncle, etc.)

Other \_\_\_\_\_

How would you describe your family?

Two Parent

Single Parent

Foster Care Family

Other \_\_\_\_\_

Are any of the other children in the child's family getting early intervention services, either now or in the past?

Yes       No       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)

Asian       Native American

Black/African-American       Pacific Islander

Hispanic       White/Caucasian

Other \_\_\_\_\_

What is the child's family's yearly income level?

Less than \$15,000       \$15,001 - \$30,000

\$30,001 - \$45,000       \$45,001 - \$60,000

\$60,001 - \$75,000       More than \$75,001

***If you would like to speak to someone in the state office of early intervention, please call us at (804) 786-3710.***

***If you would like a copy of the most recent report of the family survey, please contact your council coordinator. For the name and phone of your local council coordinator, please call first steps at 1-(800) 234-1448.***

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!***

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