



## Family Questionnaire

Please FILL IN circles like this ●, not ~~⊗~~ or ⊖. You can use a pen or pencil. Please think about your child whose initials are indicated below the barcode. Consider this child in answering the questions.

	(For each question, please FILL IN <u>ONE</u> circle)					
	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s).	①	②	③	④	⑤	⑥
2. I was asked whether I wanted help in dealing with stressful situations.	①	②	③	④	⑤	⑥
3. I was given choices concerning my family's services and supports.	①	②	③	④	⑤	⑥
4. My family's daily routines were considered when planning for my child's services.	①	②	③	④	⑤	⑥
5. I have felt part of the team when meeting to discuss my child.	①	②	③	④	⑤	⑥
6. The services on our IFSP have been provided in a timely way.	①	②	③	④	⑤	⑥
<b>My family was given information about:</b>						
7. modifications of routines, activities, and the physical setting that would help my child.	①	②	③	④	⑤	⑥
8. the rights of parents regarding early intervention services.	①	②	③	④	⑤	⑥
9. community programs that are open to all children.	①	②	③	④	⑤	⑥
10. organizations that offer support for parents of children with disabilities.	①	②	③	④	⑤	⑥
11. how to participate in different programs and services in the community.	①	②	③	④	⑤	⑥
12. opportunities for my child to play with other children.	①	②	③	④	⑤	⑥
13. how to advocate for my child and my family.	①	②	③	④	⑤	⑥
14. who to call if I am not satisfied with the services my child receives.	①	②	③	④	⑤	⑥
<b>Someone from Early On:</b>						
15. helped me get services like child care, transportation, respite care, or food stamps.	①	②	③	④	⑤	⑥
16. helped me get in touch with other parents for help and support.	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
<b>Someone from Early On:</b>						
17. asked whether the services my family was receiving were meeting our needs.	①	②	③	④	⑤	⑥
18. went out into the community with me and my child to help us get involved in community activities and services.	①	②	③	④	⑤	⑥
<b>The Early On service provider(s) that work with my child:</b>						
19. are dependable.	①	②	③	④	⑤	⑥
20. are easy for me to talk to about my child and my family.	①	②	③	④	⑤	⑥
21. are good at working with my family.	①	②	③	④	⑤	⑥
22. My service coordinator is available to speak with me on a regular basis.	①	②	③	④	⑤	⑥
23. My service coordinator is knowledgeable and professional.	①	②	③	④	⑤	⑥
24. Written information I receive is written in an understandable way.	①	②	③	④	⑤	⑥
25. I was given information to help me prepare for my child's transition.	①	②	③	④	⑤	⑥
<b>Over the past year, Early On services have helped me and/or my family:</b>						
26. participate in typical activities for children and families in my community.	①	②	③	④	⑤	⑥
27. know about services in the community.	①	②	③	④	⑤	⑥
28. improve my family's quality of life.	①	②	③	④	⑤	⑥
29. know where to go for support to meet my child's needs.	①	②	③	④	⑤	⑥
30. know where to go for support to meet my family's needs.	①	②	③	④	⑤	⑥
31. get the services that my child and family need.	①	②	③	④	⑤	⑥
32. feel more confident in my skills as a parent.	①	②	③	④	⑤	⑥
33. keep up friendships for my child and family.	①	②	③	④	⑤	⑥
34. make changes in family routines that will benefit my child with special needs.	①	②	③	④	⑤	⑥
35. be more effective in managing my child's behavior.	①	②	③	④	⑤	⑥
36. do activities that are good for my child even in times of stress.	①	②	③	④	⑤	⑥
37. feel that I can get the services and supports that my child and family need.	①	②	③	④	⑤	⑥

(For each question, please FILL IN ONE circle)

**Over the past year, Early On services have helped me and/or my family:**

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
38. understand how the early intervention system works.	(1)	(2)	(3)	(4)	(5)	(6)
39. be able to evaluate how much progress my child is making.	(1)	(2)	(3)	(4)	(5)	(6)
40. feel that my child will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
41. feel that my family will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
42. communicate more effectively with the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
43. understand the roles of the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
44. know about my child's and family's rights concerning early intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
45. do things with and for my child that are good for my child's development.	(1)	(2)	(3)	(4)	(5)	(6)
46. understand my child's special needs.	(1)	(2)	(3)	(4)	(5)	(6)
47. feel that my efforts are helping my child.	(1)	(2)	(3)	(4)	(5)	(6)

**Early On staff may have assessed or evaluated the kinds of services and supports your family needed by gathering information about your family. The questions below are about this process. Please rate how strongly you agree/disagree with the following statement.**

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
48. During this assessment and information gathering stage, the <i>Early On</i> staff asked for my family's involvement.	(1)	(2)	(3)	(4)	(5)

**Staff are expected to work with families to write a plan of action, called the Individualized Family Service Plan (IFSP). Sometimes this is called a "Service Plan." The IFSP is an agreement about what types of services a family will get. It may help you to answer the following questions if you have a copy of your IFSP. However, you do not need an IFSP to answer the questions.**

	Yes	No	Don't Know
49. My family had a meeting to write our Individualized Family Service Plan (IFSP).	(Y)	(N)	(?)
	Please go to question 50 on page 4.	Please go to question 52 on page 4. SKIP questions 50 and 51.	Please go to question 52 on page 4. SKIP questions 50 and 51.

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
50. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	①	②	③	④	⑤
51. I received all services listed on my family's IFSP within 30 days of consent to services.	①	②	③	④	⑤
52. My child's services are scheduled so that one service does not get in the way of another.	①	②	③	④	⑤
53. My child gets services in our home or wherever she/he spends most of her/his time.	①	②	③	④	⑤
54. My child receives services in settings we prefer.	①	②	③	④	⑤
55. My child's services are planned so that they fit with my family's normal schedule.	①	②	③	④	⑤
56. My child receives services in settings where children without special needs participate.	①	②	③	④	⑤
57. I know my family's rights concerning services.	①	②	③	④	⑤
	<b>Very dissatisfied</b>	<b>Somewhat dissatisfied</b>	<b>Neutral</b>	<b>Somewhat satisfied</b>	<b>Very satisfied</b>
58. All things considered, how satisfied or dissatisfied are you with your services in the last year?	①	②	③	④	⑤

For each question about your Service Coordinator, please FILL IN ONE circle.

In *Early On*, families choose a person to help them get services. This person is called a service coordinator, though sometimes he or she may be called a family advocate or a case manager. Here, we will call this person a Service Coordinator.

	Yes	No	Don't Know
59. Did your family have a Service Coordinator during the past year?	(Y)	(N)	(?)
	Please go to question 60 below.	Please go to question 64 on page 5. SKIP questions 60 through 63.	Please go to question 64 on page 5. SKIP questions 60 through 63.

60. How willing or unwilling was your service coordinator:	Very unwilling	Somewhat unwilling	Neither willing nor unwilling	Somewhat willing	Very willing
a) to meet and work with you as a partner?	①	②	③	④	⑤
b) to meet and work with other people important to your family?	①	②	③	④	⑤
c) to go out of his/her way to help your family?	①	②	③	④	⑤
61. How would you rate the quality of help from you service coordinator in getting the services your family needs?	<b>Terrible</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
	①	②	③	④	⑤

(For each question, please FILL IN ONE circle)

- |   |  |   |                         |                                  |                              |
|---|--|---|-------------------------|----------------------------------|------------------------------|
|   | <b>Much less than needed</b>           | <b>Somewhat less than needed</b>        | <b>Just about right</b> | <b>Somewhat more than needed</b> | <b>Much more than needed</b> |
| 62. Would you say the amount of contact with your service coordinator was:                        | ①                                      | ②                                       | ③                       | ④                                | ⑤                            |
|   | <b>Very dissatisfied</b>               | <b>Somewhat dissatisfied</b>            | <b>Neutral</b>          | <b>Somewhat satisfied</b>        | <b>Very satisfied</b>        |
| 63. How satisfied or dissatisfied are you with the service coordination your family has received? | ①                                      | ②                                       | ③                       | ④                                | ⑤                            |
|   | <b>Yes</b>                             | <b>No</b>                               |                         |                                  |                              |
| 64. Is English your native language?  | ①                                      | ②                                       |                         |                                  |                              |
|   | <b>Please go to question 65 below.</b> | <b>Please go to question 64b below.</b> |                         |                                  |                              |
|   | <b>Yes</b>                             | <b>No</b>                               |                         |                                  |                              |
| 64b. Did you receive information in your native language?   | ①                                      | ②                                       |                         |                                  |                              |

**Now, we would like to ask you some final questions about your family.**

65. Please select your relationship to the child: (Please FILL IN ONE circle that best applies):
- (A) Mother                       (C) Grandparent                       (E) Other Caregiver: \_\_\_\_\_  
 (B) Father                       (D) Other Relative
66. Please select the *ethnic* category that best describes how you identify yourself:
- (Y) Hispanic/Latino     (N) Not Hispanic/Latino
67. Please select the *race identity* category that best describes yourself: (Please FILL IN ONE or MORE)
- (A) American Indian or Alaska Native     (C) Asian American     (E) Black or African American  
 (B) Native Hawaiian/Other Pacific Islander     (D) White
68. What was your family's total income for 2011? (Please FILL IN ONE circle that best applies)
- (A) Under \$10,000     (C) \$15,000 to \$24,999     (E) \$35,000 to \$49,999     (G) \$75,000 and over  
 (B) \$10,000 to \$14,999     (D) \$25,000 to \$34,999     (F) \$50,000 to \$74,999     (H) No answer

**THANK YOU for taking time to fill out the *Early On* Family Questionnaire**



Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson  
 Wayne State University  
 Center for Urban Studies  
 5700 Cass Avenue, #2207 A/AB  
 Detroit, MI 48202