



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 bar code. Consider this child in answering the questions.

(For each question, please FILL IN ONE circle)

1. My child has special needs that affect his or her:	Don't know	Not at all	Slightly	Somewhat	Greatly	Completely
a. Mental or intellectual development – <i>ability to learn new things or to use learned skills.</i>	①	②	③	④	⑤	⑥
b. Physical mobility – <i>ability to move around or do things without the help of others.</i>	①	②	③	④	⑤	⑥
c. Ability to communicate with others – <i>talk with and understand other people.</i>	①	②	③	④	⑤	⑥
d. Social/emotional development – <i>ability to interact with other people and to manage/express emotions.</i>	①	②	③	④	⑤	⑥
e. Senses, such as hearing or vision.	①	②	③	④	⑤	⑥
f. Adaptive development – <i>self-help behaviors such as eating, drinking, dressing, or toileting.</i>	①	②	③	④	⑤	⑥
g. Health/medical condition.	①	②	③	④	⑤	⑥

2. I was referred to *Early On* by.....

(Please FILL IN ONE circle)

- | | |
|---|---|
| <p>Ⓐ Intermediate School District / local school district</p> <p>Ⓑ Department of Human Services</p> <p>Ⓒ Community Mental Health</p> <p>Ⓓ Public Health/ Health Department</p> <p>Ⓔ Hospital</p> <p>Ⓕ Doctor/ Nurse</p> | <p>Ⓖ Family or Self</p> <p>Ⓗ Friend or Neighbor</p> <p>Ⓘ Child Care Provider</p> <p>Ⓝ Don't remember</p> <p>Ⓚ Other (please describe): _____</p> <p>_____</p> |
|---|---|

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
3. 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
4. I was asked whether I wanted help in dealing with stressful situations.	①	②	③	④	⑤	⑥
5. I was given choices concerning my family's services and supports.	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
6. My family's daily routines were considered when planning for my child's services.	①	②	③	④	⑤	⑥
7. I have felt part of the team when meeting to discuss my child.	①	②	③	④	⑤	⑥
8. The services on our IFSP have been provided in a timely way.	①	②	③	④	⑤	⑥
My family was given information about:						
9. modifications of routines, activities, and the physical setting that would help my child.	①	②	③	④	⑤	⑥
10. the rights of parents regarding early intervention services.	①	②	③	④	⑤	⑥
11. community programs that are open to all children.	①	②	③	④	⑤	⑥
12. organizations that offer support for parents of children with disabilities.	①	②	③	④	⑤	⑥
13. how to participate in different programs and services in the community.	①	②	③	④	⑤	⑥
14. opportunities for my child to play with other children.	①	②	③	④	⑤	⑥
15. how to advocate for my child and my family.	①	②	③	④	⑤	⑥
16. who to call if I am not satisfied with the services my child receives.	①	②	③	④	⑤	⑥
Someone from Early On:						
17. helped me get services like child care, transportation, respite care, or food stamps.	①	②	③	④	⑤	⑥
18. helped me get in touch with other parents for help and support.	①	②	③	④	⑤	⑥
19. asked whether the services my family was receiving were meeting our needs.	①	②	③	④	⑤	⑥
20. 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
The Early On service provider(s) that work with my child:						
21. are dependable.	①	②	③	④	⑤	⑥
22. are easy for me to talk to about my child and my family.	①	②	③	④	⑤	⑥
23. are good at working with my family.	①	②	③	④	⑤	⑥
24. My service coordinator is available to speak with me on a regular basis.	①	②	③	④	⑤	⑥
25. My service coordinator is knowledgeable and professional.	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
26. Written information I receive is written in an understandable way.	①	②	③	④	⑤	⑥
27. I was given information to help me prepare for my child's transition.	①	②	③	④	⑤	⑥
Over the past year, Early On services have helped me and/or my family:						
28. participate in typical activities for children and families in my community.	①	②	③	④	⑤	⑥
29. know about services in the community.	①	②	③	④	⑤	⑥
30. improve my family's quality of life.	①	②	③	④	⑤	⑥
31. know where to go for support to meet my child's needs.	①	②	③	④	⑤	⑥
32. know where to go for support to meet my family's needs.	①	②	③	④	⑤	⑥
33. get the services that my child and family need.	①	②	③	④	⑤	⑥
34. feel more confident in my skills as a parent.	①	②	③	④	⑤	⑥
35. keep up friendships for my child and family.	①	②	③	④	⑤	⑥
36. make changes in family routines that will benefit my child with special needs.	①	②	③	④	⑤	⑥
37. be more effective in managing my child's behavior.	①	②	③	④	⑤	⑥
38. do activities that are good for my child even in times of stress.	①	②	③	④	⑤	⑥
39. feel that I can get the services and supports that my child and family need.	①	②	③	④	⑤	⑥
40. understand how the early intervention system works.	①	②	③	④	⑤	⑥
41. be able to evaluate how much progress my child is making.	①	②	③	④	⑤	⑥
42. feel that my child will be accepted and welcomed in the community.	①	②	③	④	⑤	⑥
43. feel that my family will be accepted and welcomed in the community.	①	②	③	④	⑤	⑥
44. communicate more effectively with the people who work with my child and family.	①	②	③	④	⑤	⑥
45. understand the roles of the people who work with my child and family.	①	②	③	④	⑤	⑥
46. know about my child's and family's rights concerning early intervention services.	①	②	③	④	⑤	⑥
47. do things with and for my child that are good for my child's development.	①	②	③	④	⑤	⑥
48. understand my child's special needs.	①	②	③	④	⑤	⑥
49. 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 statements.

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
50. During this assessment and information gathering stage, the <i>Early On</i> staff asked for my family's involvement.	(1)	(2)	(3)	(4)	(5)
51. Assessments are respectful of my family and my culture.	(1)	(2)	(3)	(4)	(5)
52. Assessments of my child and family are done promptly.	(1)	(2)	(3)	(4)	(5)
53. I am asked appropriate questions about the needs of my child and family.	(1)	(2)	(3)	(4)	(5)
54. The people who ask me about my child's needs seem to know what they are talking about.	(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
55. My family had a meeting to write our Individualized Family Service Plan (IFSP).	(Y)	(N)	(?)
	Please go to question 56 below.	Please go to question 66 on page 5. SKIP questions 56 through 65.	Please go to question 66 on page 5. SKIP questions 56 through 65.

(Please FILL IN ONE circle)

56. The amount of time between my first contact with (or referral to) <i>Early On</i> and my family's <u>first</u> IFSP meeting was:	(A)	less than 15 days	(D)	46 to 60 days
	(B)	15 to 30 days	(E)	more than 60 days
	(C)	31 to 45 days	(F)	don't know / don't remember

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
57. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
58. I received all services listed on my family's IFSP within 30 days of our consent to services.	(1)	(2)	(3)	(4)	(5)
59. The services on my family's IFSP have been provided in a timely manner.	(1)	(2)	(3)	(4)	(5)
60. My family was not fully informed of our rights when we agreed to the IFSP process.	(1)	(2)	(3)	(4)	(5)
61. The IFSP is keeping up with my family's changing needs.	(1)	(2)	(3)	(4)	(5)
62. When I (or one of my family members) say something about my <u>child's</u> needs, it is considered in the development of the IFSP.	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
63. When I (or one of my family members) say something about my <u>family's</u> needs, it is considered in the development of the IFSP.	①	②	③	④	⑤
	Terrible	Poor	Fair	Good	Excellent
64. The quality of services my family has received as a result of the IFSP has been.....	①	②	③	④	⑤
65. My IFSP has been changed or updated..... (Please FILL IN ONE circle)	(A) every 6 months (B) every year (C) whenever I meet with my Service Coordinator		(D) not at all (E) don't know (F) other (please describe) _____		

The following statements are about ALL OF THE SERVICES your family receives.

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
66. There are services that my family needs that we do <u>not</u> get.	①	②	③	④	⑤
67. The services we get meet our needs.	①	②	③	④	⑤
68. My family had to wait too long after asking for a service before actually getting it.	①	②	③	④	⑤
69. The services we received took into account my whole family, not just our child with special needs.	①	②	③	④	⑤
70. Service providers allowed my family the right to choose or refuse services.	①	②	③	④	⑤
71. My child gets services in our home or wherever she/he spends most of her/his time.	①	②	③	④	⑤
72. My child receives services in settings we prefer.	①	②	③	④	⑤
73. My child's services are planned so that they fit with my family's normal schedule.	①	②	③	④	⑤
74. My child's services are planned so one service does not get in the way of another.	①	②	③	④	⑤
75. My child receives services in settings where children without special needs participate.	①	②	③	④	⑤
		Less than the school year	About the same	More than the school year	No services received during the summer
76. Compared to the school year, the number of services my child receives during the summer is:	①	②	③	④	
	Terrible	Poor	Fair	Good	Excellent
77. How would you rate the services in helping improve your ability to care for your child?	①	②	③	④	⑤

This part of the questionnaire asks your opinions about possible impacts of *Early On* on your child.

(For each question, please FILL IN ONE circle)

<i>Early On</i> has...	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
78. helped our child's mental or intellectual development – <i>ability to learn new things or to use learned skills.</i>	①	②	③	④	⑤
79. helped our child's physical mobility – <i>ability to move around or do things without the help of others.</i>	①	②	③	④	⑤
80. helped our child's ability to communicate with others – <i>talk with and understand other people.</i>	①	②	③	④	⑤
81. helped our child's social/emotional development – <i>ability to interact with other people and to manage/express emotions.</i>	①	②	③	④	⑤
82. helped our child's senses, such as hearing or vision.	①	②	③	④	⑤
83. helped our child's adaptive development – <i>self-help behaviors such as eating, drinking, dressing, or toileting.</i>	①	②	③	④	⑤
84. helped our child's health/medical condition.	①	②	③	④	⑤
85. <u>not</u> really helped our <u>child</u> .	①	②	③	④	⑤

Now, we would like to ask you some final questions about your family.86. 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

87. Please select the *ethnic* category that best describes how you identify yourself:

- (Y) Hispanic/Latino (N) Not Hispanic/Latino

88. 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

89. 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:

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