



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 <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
My family was given information about:						
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
Someone from Early On:						
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
Someone from Early On:						
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
The Early On service provider(s) that work with my child:						
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
Over the past year, Early On services have helped me and/or my family:						
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 statements.

(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
49. Evaluations were conducted at a <u>time</u> that was convenient for my family.	①	②	③	④	⑤
50. Evaluations were conducted at a <u>place</u> that was convenient for my family.	①	②	③	④	⑤

Prior to my family's evaluation, we were given an introduction to:

51. <i>Early On</i>	①	②	③	④	⑤
52. the evaluation process.	①	②	③	④	⑤
53. types of services available in <i>Early On</i> .	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
54. My family had a meeting to write our Individualized Family Service Plan (IFSP).	(Y)	(N)	(?)
	Please go to question 55 below.	Please go to question 58 below. SKIP questions 55 through 57.	Please go to question 58 below. SKIP questions 55 through 57.

(Please FILL IN ONE circle)

55. 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

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
56. I received all services listed on my family's IFSP within 30 days of our consent to services.	(1)	(2)	(3)	(4)	(5)
57. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
58. My child gets services in our home or wherever she/he spends most of her/his time.	(1)	(2)	(3)	(4)	(5)
59. The people who work with my child provide me with information and training so I can help my child on lots of different ways.	(1)	(2)	(3)	(4)	(5)
60. My child's services are planned so that they fit with my family's normal schedule.	(1)	(2)	(3)	(4)	(5)
61. My child receives services in settings where children without special needs participate.	(1)	(2)	(3)	(4)	(5)
62. I know where to get information about my rights regarding <i>Early On</i> .	(1)	(2)	(3)	(4)	(5)

63. Is English your native language?
- | | | |
|--|---------------------------------------|--|
| | Yes | No |
| | ① | ② |
| | Please go
to question
64 below. | Please go
to question
63b below. |
-
- 63b. Did you receive information in your native language?
- | | | |
|--|-----|----|
| | Yes | No |
| | ① | ② |

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

64. 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
65. Please select the *ethnic* category that best describes how you identify yourself:
- (Y) Hispanic/Latino (N) Not Hispanic/Latino
66. 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
67. 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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