



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.

Children in **Early On** who reach age three are supposed to **Transition** out of **Early On** and into services and supports for older children. This questionnaire is meant to follow-up on children and families who have or are supposed to have **Transitioned** out of **Early On** and into other services and supports.

1. My child: (Please FILL IN ONE circle)

- (A) Has not yet turned 3 years old and is still in *Early On*. ☞ Please call 1-800-363-7987, and we will mail you the correct questionnaire. Thank you.
- (B) Has turned 3 but is still in *Early On*. ☞ Please read the text below and answer the rest of the questionnaire.
- (C) Has turned 3 and transitioned out of *Early On*. ☞ Please read the text below and answer the rest of the questionnaire.
- (D) I'm not sure whether or not my child is still in *Early On*. ☞ Please read the text below and answer the rest of the questionnaire.

(For each question, please FILL IN ONE circle)

2. 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) |

The questions that follow are all about your experiences while in *Early On*.

(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

Transition planning is supposed to happen during meetings between you and your service coordinator (family advocate or case manager) before your child's third birthday. These meetings are to prepare an Individualized Family Services Plan (IFSP) or a "Service Plan" to help your child Transition to services for children three or older. The next set of questions is about the Transition process, including planning.

	Yes	No	Don't Know
50. Did you go through an IFSP session at which you discussed <u>Transition</u> ?	(Y)	(N)	(?)
	Please go to question 51 below.	Please go to question 63 on page 5. SKIP questions 51 through 62.	Please go to question 63 on page 5. SKIP questions 51 through 62.
	Yes	No	Don't Know
51. The planning for my child's Transition began at least 90 days before my child's third birthday.	(Y)	(N)	(?)
52. Did you receive an <i>Early On</i> booklet on Transition?	(Y)	(N)	(?)

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
53. I was informed about service/program options which may be appropriate for my child at age three.	(1)	(2)	(3)	(4)	(5)
54. I (or other family members) was included in transition training and planning.	(1)	(2)	(3)	(4)	(5)
55. My child's transition plan in the IFSP allowed enough time to explore service/program options for my child at age three.	(1)	(2)	(3)	(4)	(5)
56. I received enough information about options for my child such as Head Start, pre-school, inclusion, etc.	(1)	(2)	(3)	(4)	(5)
57. I feel I was treated as a partner during Transition.	(1)	(2)	(3)	(4)	(5)
58. <i>Early On</i> offered to connect my family with other families who went through Transition.	(1)	(2)	(3)	(4)	(5)
59. The services for my child were continued during Transition.	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

The following questions ask you whether your Transition Individualized Family Services Plan (IFSP) meeting made any difference in the services you are receiving.	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
60. The services on my family's Transition IFSP have been extremely helpful.	(1)	(2)	(3)	(4)	(5)
61. The services on my family's Transition IFSP have been provided in a timely manner.	(1)	(2)	(3)	(4)	(5)
	Terrible	Poor	Fair	Good	Excellent
62. The quality of services my family has received as a result of the Transition IFSP has been...	(1)	(2)	(3)	(4)	(5)

63. Has your family received services since leaving *Early On*? (Please FILL IN ONE circle)

- (A) Yes ☞ Please go to question 64 below.
- (B) No, my child is still in *Early On*. ☞ Please go to question 77 on page 6.
- (C) No, our family has not received services since leaving *Early On*. ☞ Please go to question 77 on page 6.
- (D) Don't know/not sure. ☞ Please go to question 77 on page 6.

The following statements are about ALL OF THE SERVICES your family has received **SINCE LEAVING EARLY ON.**

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
64. The services we get meet our needs.	(1)	(2)	(3)	(4)	(5)
65. My family had to wait too long after asking for a service before actually getting it.	(1)	(2)	(3)	(4)	(5)
66. The services we received took into account my whole family, not just our child with special needs.	(1)	(2)	(3)	(4)	(5)
67. Service providers allowed my family the right to choose or refuse services.	(1)	(2)	(3)	(4)	(5)
68. My child's services are planned so one service does not get in the way of another.	(1)	(2)	(3)	(4)	(5)
69. My child gets services in our home or wherever she/he spends most of her/his time.	(1)	(2)	(3)	(4)	(5)
70. My child receives services in settings we prefer.	(1)	(2)	(3)	(4)	(5)
71. My child's services are planned so that they fit with my family's normal schedule.	(1)	(2)	(3)	(4)	(5)
72. My child receives services in settings where children without special needs participate.	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

	Never	Seldom	Sometimes	Usually	Always
73. <u>How often:</u>					
a) are you involved in making decisions about the services your family receives?	(1)	(2)	(3)	(4)	(5)
b) do the services give your family relief?	(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)

- | | Terrible | Poor | Fair | Good | Excellent |
|---|--------------------------|------------------------------|-----------------------------------|---------------------------|-----------------------|
| 74. <u>How would you rate:</u> | | | | | |
| a) the services in helping you improve your family's quality of life? | ① | ② | ③ | ④ | ⑤ |
| b) the services in helping improve your ability to care for your child? | ① | ② | ③ | ④ | ⑤ |
| | Very dissatisfied | Somewhat dissatisfied | Neutral | Somewhat satisfied | Very satisfied |
| 75. All things considered, how satisfied or dissatisfied are you with your services since leaving <i>Early On</i> ? | ① | ② | ③ | ④ | ⑤ |
| | Very Difficult | Somewhat difficult | Neither difficult nor easy | Somewhat easy | Very easy |
| 76. How easy or difficult is it to get services in your community? | ① | ② | ③ | ④ | ⑤ |

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

77. 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
78. Please select the *ethnic* category that best describes how you identify yourself:
- (Y) Hispanic/Latino (N) Not Hispanic/Latino
79. 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
80. 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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