New York State Department of Health

New York State Department of Health
Bureau of Early Intervention
Family Survey

This is a survey for families whose children are leaving the Early Intervention Program. Your responses will help improve services and measure results for children and families. For each statement, please select one of the following responses: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your family's experience with early intervention services. You may skip any item you feel does not apply to your child or family.

DIRECTIONS:

- Please use a pencil only.
- Fill in the oval completely.
- Correct mark:
- **PLEASE DO NOT FOLD FORM.**

Early Intervention Services for

These statements are about the results of early Intervention services for your family.
Early intervention services have helped me and/or my family:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. understand my child's special needs.						
2. learn how to be an active member of the Individualized Family Service Plan (IFSP) team.						
3. learn ways to help my child make easier transitions between activities.						
4. be better able to meet the needs of my child with special needs.						
5. be better able to meet the needs of other family members.						
6. do things with and for my child that are good for my child's development.						
7. know a lot about different treatments/interventions for my child.						
8. be able to help my child use new skills in a variety of settings.						
9. be better at managing my child's behavior.						
10. help my child to be more independent.						
11. learn ways to help my child develop social skills.						
12. find resources in the community to meet my child's needs.						
13. be more involved in community activities with my child.						
14. cope with stressful situations.						
15. find information I need.						
16. use services to address my child's health needs.						
17. understand more about my child's delay or diagnosis.						
18. feel welcome in the community.						
19. take part in typical activities for children and families in my community.						
20. communicate better with the people who work with my child and family.						
21. be an equal partner in planning my child's services.						
22. learn how to use my child's interests in certain activities and objects as teaching opportunities.						
23. learn how to help my child adapt to new people and environments.						
24. know about treatment/intervention options in the community.						

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(cont.)

These statements are about the results of early Intervention services for your family.

Early intervention services have helped me and/or my family:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
25. be able to explain my child's unique qualities, strengths, and needs to professionals.	⬭	⬭	⬭	⬭	⬭	⬭
26. understand the roles of the people who work with my child and family.	⬭	⬭	⬭	⬭	⬭	⬭
27. know how to keep my child healthy.	⬭	⬭	⬭	⬭	⬭	⬭
28. know about my child's and family's rights concerning early intervention services.	⬭	⬭	⬭	⬭	⬭	⬭
29. think critically and ask questions about service options.	⬭	⬭	⬭	⬭	⬭	⬭
30. feel less isolated.	⬭	⬭	⬭	⬭	⬭	⬭
31. connect with other families of children with special needs.	⬭	⬭	⬭	⬭	⬭	⬭
32. learn ways to encourage appropriate play with other children.	⬭	⬭	⬭	⬭	⬭	⬭
33. feel I am able to deal well with professionals and agencies.	⬭	⬭	⬭	⬭	⬭	⬭
34. learn strategies to communicate with my child.	⬭	⬭	⬭	⬭	⬭	⬭
35. involve my child's doctor in early intervention services.	⬭	⬭	⬭	⬭	⬭	⬭
36. be able to have my child share in as many family activities as possible.	⬭	⬭	⬭	⬭	⬭	⬭

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